

U6000190 805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

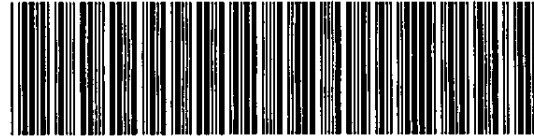
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 26 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 25 PM 4:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DV-EIGHT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Shea

Name of Person

DV-EIGHT LLC

Firm/Company

14902 SW 34th Street

Address

Davie, FL 33331

City/State and Zip Code

m_p_shea@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Note: these are both underscores.

Michael Shea

Name of Person

at (414) 807-6475

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DV-EIGHT LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Shea	14902 SW 34 Street	<input type="checkbox"/> Add
		Davie, FL 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kristin Shea	14902 SW 34 Street	<input type="checkbox"/> Add
		Davie, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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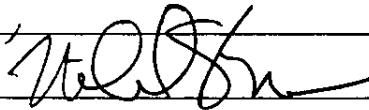
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Per the information provided on page 2 of 3, I need to have the following changes made:

① Change Michael Shea's title from CEO to AMBR

② Remove Kristin Shea

Thank you,



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E. Effective date, if other than the date of filing: _____ (optional)

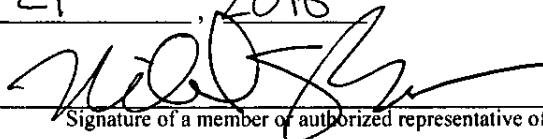
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 21, 2016



Signature of a member or authorized representative of a member

Michael Shea

Typed or printed name of signee