

L17000008516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

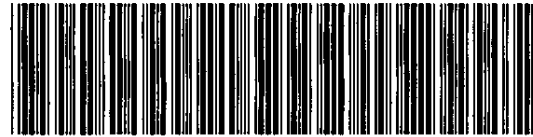
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

APR 12 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D5 FAMILY HOLDINGS 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:

RUBIDIA DE LA FE  
Name of Person  
D5 FAMILY HOLDINGS LLC  
Firm/Company  
16340 NW 59 AVE  
Address  
MIAMI LAKES, FL 33014  
City/State and Zip Code  
ruby@teamdelafe.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBIDIA DE LA FE 305 828-0001  
Name of Person at ( ) 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

## D5 FAMILY HOLDINGS 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated April 7<sup>th</sup> 2017

  
Signature of a member or authorized representative of a national labor organization

Signature of a member or authorized representative of a member

Typed or printed name of signee

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