

L17000688876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

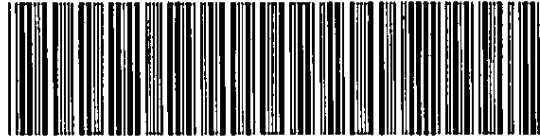
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

Q. SIMMONS

JUL 27 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DES DEVELOPMENT 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:

EDGAR A FERNANDEZ

\_\_\_\_\_  
Name of Person

DES DEVELOPMENT LLC

\_\_\_\_\_  
Firm/Company

6584 NW 197TH LANE

\_\_\_\_\_  
Address

HIALEAH FLORIDA 33015

\_\_\_\_\_  
City/State and Zip Code

INFO@DESDEVELOPMENT.COM

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

For further information concerning this matter, please call:

EDGAR A FERNANDEZ

786

3290984

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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



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>
STEVEN	EDGAR A FERNANDEZ	6584 NW 197TH LANE	<input checked="" type="checkbox"/> Add
		HIALEAH FLORIDA 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN A FLORES	14723 SW 86 LANE	<input type="checkbox"/> Add
		MIAMI FLORIDA 33193	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE NOTICE THAT STEVE A FLORES IS BEING REMOVED AND IS NO LONGER A MEMBER OR  
MANAGER OF DES DEVELOPMENT LLC.

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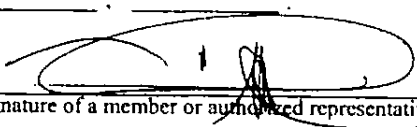
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 JULY 17TH 2017

  
Signature of a member or authorized representative of a member

EDGAR A FERNANDEZ

Typed or printed name of signee