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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dyral Onsite Computer Service LL 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:	
Doniel J. Finnegan Name of Person	
Duval Onsite Computer Service LLC Firm/Company	
2757 Suni Pines Blvd	
Jocksonville FL: 32250 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Daniel Finnegon at (904) 345-9212 Name of Person at (904) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassay, El. 32314

P.O. Box 6327 Clift Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deval Onsite Con (Name of the Limited Li (AFI	ability Company as it now appears on orida Limited Liability Company)	our records)
The Articles of Organization for this Limited Liabili	_	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Dependable Onsite The new name must be distinguishable and contain the words	Con Petitive "Limited Liability Company," the design	Services LLC nation "L.L.C."
Enter new principal offices address, if applicable	:	: 23
Principal office address MUST BE A STREET AL	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		TI TI
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u>.</u>
B. If amending the registered agent and/or r registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
_		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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Filing Fee: \$25.00