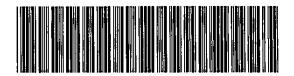
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co	rporations		
DPW. LLC			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John Paulsen		
		Name of Person	
		Firm/Company	
	4495 Legendary Drive		
		Address	
	Destin, FL 32541		
		City/State and Zip Code	
	linda.nelson@crye-leike.co		
	E-mail address: (to be used for future annual report notifi	ication)
For further information (concerning this matter, please ca	all:	
Linda Nelson		850 654-7700 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DPW,LLC			
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) oupany)		
The Articles of Organization for this Limited Liability Company were file	d onMay 31, 2002	_ and assigned	
Florida document number <u>L02000013405</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbrev		
Enter new principal offices address, if applicable:	70 - 73 757 753	and major	
(Principal office address MUST BE A STREET ADDRESS)	infq The	15.	
	No.	° m	
Enter new mailing address, if applicable:		△ □	
(Mailing address MAY BE A POST OFFICE BOX)	7.10 7.10 7.10 7.10		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:		name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
City		Up 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Elliot Davis Marcus		Add
			Remove
			□ Change
MGR	Susan Diebolt		Add
			□ Remove
			□ Change
- P-10 Harry Walley			
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			Chapter Chapter
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			Change

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Filing Fee: \$25.00