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COVER LETTER

Registration Section **Division of Corporations**

SUBJECT:	DPW.LLC						
SOBJECT:		Name of Lim	ited Liability Company				
The enclosed Ar	rticles of A	amendment and fee(s) are sub-	mitted for filing.				
Please return all	correspor	dence concerning this matter	to the following:				
		John Paulsen					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		DPW,LLC					
			Firm/Company				
		4495 Legendary Drive					
			Address				
		Destin, FL 32541					
		City/State and Zip Code linda.nelson@crye-leike.com E-mail address: (to be used for future annual report notification)					
For further infor	mation co	ncerning this matter, please co					
Linda Nelson			850 654-7700 at()				
Name of Person		Area Code Daytime	Telephone Number				
Enclosed is a ch	eck for the	e following amount:					
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DPW, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our rec ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on May 31, 2002	and assigned
lorida document number L02000013405	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress SS 75
		, Florida 🚆 🔭
Sew Registered Agent's Signature, if changing Register	City red Agent:	
Though account the appointment as registered again	at and arms to get in this agreealth	

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

MGR = Manager AMBR = Authorized Member		
<u>Fitle</u> <u>Name</u>	Address	Type of Action
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n effectiv <u>te:</u> If tl	we date is listed, the date must he date inserted in this bloo 's effective date on the Dep	be specific and ok does not m	cannot be pric nect the appli	cable statute	ing or more that ory filing requ	in 90 days after airements, this	filing.) Purs date will r	uant to not be	605.020 listed a
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he 90	Oth day after the reco		2017						
	May 24,		51	مليه	·	nanihar			-
he 90	May 24,		51	horized repre	sentative of a r	nember			-

Page 3 of 3

Filing Fee: \$25.00