## L05000071782

(Re	equestor's Name)	
(Ac	idress)	
	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
·	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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04/18/07--01010--001 \*\*25.00

SECRETARY OF STATE
TALLAHASSEF, FI ORION

## **COVER LETTER**

TO: Registration Of Division of	n Section Corporations				
SUBJECT: DAI	E SYSTEMS LLC				
	(Name of L	imited Liabilit	y Company	)	<del></del>
The enclosed Article	es of Amendment and fee(s) are so	ubmitted for fil	ing.		
Please return all corr	espondence concerning this matte	er to the follow	ing:		
	Deborah A Everhar	rt			
		(Name of Person	1)		······································
	DAE SYSTEMS LLC				
		(Firm/Company	·)		
	335 Grand Reserve	Drive			
		(Address)			
	Davenport, Florida	33837			
		y/State and Zip (	Code)		<del></del>
The Code of Code					
	on concerning this matter, please	call:			
•	h Everhart	at (_	863	424-2	.988
	(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	Certifi	Filing Fee & ed Copy onal copy is e	enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations			
•;↓	D: Box 6327 llahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
- Цэл Тирга ө даныга - Тэл Тирга ө даныга	,	Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D	AE SYSTEMS LLC			
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on July 18, 2005 and assigned document number L05000071782	and assigned		
SECOND:	This amendment is submitted to amend the following:			
	I would like to change the name of my LLC to:			
	DAE SOLUTIONS LLC	<del></del>		
		<del></del>		
		<del></del>		
Dated Ap	ril 16, <u>2007</u> .			
	Dulinah Everhart	2007 APR 18 SECRETAR) TALLAHASS		
	Signature of a member or authorized representative of a member	PR I		
	Deborah A Everhart	<u>m</u> ~	i	
	Typed or printed name of signee	PM 1:01		
		REPARE		

Filing Fee: \$25.00