

W09000076370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

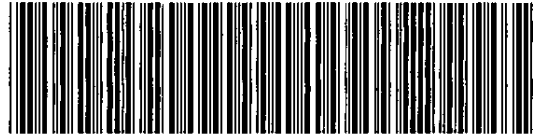
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D.P.S.21 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:

LOVETTE DOBSON
Name of Person
INCFILE.COM
Firm/Company
10943 MAYFIELD RD.
Address
HOUSTON, TX 77043
City/State and Zip Code
LOVETTE@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (**713**) **562-8895**
Name of Person Area Code & Daytime Telephone Number

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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

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

D.P.S.21 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/10/2009 and assigned Florida document number L09000076370.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JACQUE A. DEGRAFF	11755 NW 22 AVE APT 604 MIAMI, FL	<input checked="" type="checkbox"/> Add
		MGRM-CHANFY ANDREWS 33167	<input checked="" type="checkbox"/> Remove
		11755 NW 22 AVE APT 604 MIAMI, FL 33167	
MGRM	MEAGHAN COPLIN	11755 NW 22 AVE APT 604 MIAMI, FL	<input checked="" type="checkbox"/> Add
		MGRM-SOPHIA CRIEGHTNEY 33167	<input checked="" type="checkbox"/> Remove
		11755 NW 22 AVE APT 604 MIAMI, FL 33167	
MGRM	MARIO O. RIVERA	11755 NW 22 AVE APT 604 MIAMI, FL	<input checked="" type="checkbox"/> Add
		33167	<input type="checkbox"/> Remove
MGRM	REA HARRIS	11755 NW 22 AVE APT 604 MIAMI, FL	<input checked="" type="checkbox"/> Add
		33167	<input type="checkbox"/> Remove
MGRM	DEAN DEGRAFF	11755 NW 22 AVE APT 604 MIAMI, FL	<input type="checkbox"/> Add
		33167	<input checked="" type="checkbox"/> Remove
MGRM	TARREL GUMBS	11755 NW 22 AVE APT 604 MIAMI, FL	<input type="checkbox"/> Add
		33167	<input checked="" type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 10, 2009

Kwan Desha Rivera

Signature of a member or authorized representative of a member

KWANDESHA RIVERA- MGRM

Typed or printed name of signee