# 10000105047

(Re	equestor's Name)	<u> </u>
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J. BRYAN

NOV 2 0 2012

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT:

## Digital Processing Systems, 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:

#### **Betty Walters**

Name of Person

#### Digital Processing Systems, LLC

Firm/Company

### 460 Windermere Road

Address

Lakeland, FL 33809

City/State and Zip Code

walters.betty@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Walters, Secretary

<sub>#/</sub>863<sub>\</sub>660-1439

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

□\$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

Digital Processing Systems, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L10000105047	were filed on 10/07/2010	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
	·	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	ZOJ.2
(Principal office address MUST BE A STREET ADDRESS)		2 NOV 1
		V 9
Enter new mailing address, if applicable:	460 Windermere Road	E P
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33809	Sh :
		Dm F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	·	· .
New Registered Office Address:		
	Enter Florida stre	eet address
	Flor	
	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 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

Title .	Name	. <u>Address</u>	Type of Action
CEO	Lee, Jeffrey C	4451 Hunting Trail	Add
	2	Lake Worth, FL 33467-353	Remove
Pres	Drew, Norman J	1035 Hidden Drive	
	· · · · · · · · · · · · · · · · · · ·	Lakeland, FL 33809	Remove.
VP_	Combs, Charles H	2601 Sundance Circles  Mulberry, FL 33860	THE Eggs 1: 34
SECY	Walter, Betty	460 Windermere Road	Add
		Lakeland, FL 33809	Remove
Pres	Combs, Charles H	9907 Wilkshire Manor Dr Apt 103 Riverview, FL 33578-0502	_ LI. Add
VP	Drew, Norman J	1035 Hidden Drive Lakeland, FL 33809	Add Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	·
ted N	lovember 16 2012
	Tomas La
	Signature of a member or authorized representative of a member
	Norman J Drew, President
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

SECRETARSEE, FLORIDA

SECRETARSEE, FLORIDA