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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DTK Marketing 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:
Volanda Pate Name of Person
DTL Marketing LC
2655 Ulmerton Rd Ste 121
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 23,934-862 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solonon Filing Fee & Certificate of Status} \text{Status Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

OTK mark	eting	<u>uc</u>			
(<u>Name of the Limited Liat</u> (A Flor	rida Limited Liabil	ity Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited Liabili	ity Company wer	e filed on	r 1	and assig	gned
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liability	company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited L	iability Company," th	e designation "Ll	C" or the ab	breviation
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET Al	DDRESS)			7	
Enter new mailing address, if applicable:	_			2 AUG 16	4FL -> "Clares"
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	.		mg 🏊	П
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our rec	cords, <u>enter th</u>	CRIE 5	the new
Name of New Registered Agent:	yolar	ida Pat	te		
New Registered Office Address:	13800 Ha	rbox HILLS	Drive	_ 	
_	Large	Enter Flo	rida street addr , Florida	33170	>
	()ci	ity		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

Page 1 of 2

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:

:

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MGR = Manager

MGRM = Managing Member Title <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00