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D. BRUCE

JUN 1 3 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DANIEL MYETS SOLUTIONS 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:	
DANIEL MYETS Name of Person	
DANIELMYERS SOLUTIONS LLC Firm/Company	
2675 Kendall Ave	
Kissimmee, Fl 34744 City/State and Zip Code	M JUN II
E-mail address: (to be used for future annual report notification)	ma o l
For further information concerning this matter, please call:	E FLORING
DANIELM YETS at (407) 668-0096 Name of Person Area Code & Daytime Telephone Number	בייויש כח
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

	Solutions LL	<u> </u>		
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	2/11/11	_ and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
DM HVC SolutionS LLC	<u>^</u>			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company	y," the designation "LLC	or the abbro	eviation
			Eg a	
Enter new principal offices address, if applicable:	**************************************			14.7
<u>(Principal office address MUST BE A STREET ADDRI</u>	<u> </u>		<u>></u>	1:1
	$\mathcal{D} \cap \mathcal{D}$.	150015	当の	tion of
Enter new mailing address, if applicable:		453345	2 - 10	
(Mailing address MAY BE A POST OFFICE BOX)	<u> Kissimn</u>	10e, Fl. 347	45 v	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		r records, enter the	name of th	<u>ie new</u>
Name of New Registered Agent:				<u></u>
New Registered Office Address:			<u> </u>	
	Enter	r Florida street addres.	S	
		, Florida		
	City	2	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

<u>le</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
			Ein I
_			*
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Page 2 of 2

Filing Fee: \$25.00