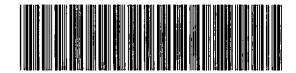
## #L11000042640





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12 OCT 19 PM 3: 19 SEUNCTANY OF STATE TALLAMASSEE, FLORIDA

K.SALY EXAMINER OCT 22 2012

## **COVER LETTER**

Division of Corporations
SUBJECT: DNL DATA SOLUTIONS INC  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:
LEHARD ISZAK
Name of Person
DHL DATA SOLUTIONS INC
Firm/Company
5630 WELLESLEY PARK DR #301
BOCA RATON FL 33433
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LENARD IS2Ak  Name of Person  Area Code & Daytime Telephone Number
·
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(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

12 OCT 19 PM 3: 19

SELFICIARY OF STATE
TALLAHASSEE. FLORIDA

## DHL DATA SOLUTIONS INC

(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 Comp	pany were filed on 04~	and assigned	
Florida document number <u>L11000042640</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
DAL DATA SOLUTION	15 LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		cords, enter the name of the new	
Name Danistand Office Addition			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	Zip Code	
ar as to the office of the first of the			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
_			_
Dated 0	ctober 12thm , 20	012,1	_
	CVI 4-	ekor authorized representative of a member	<del></del>
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00