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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DNA CONSULTING WC
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:
LISA KFPICS Name of Person
DICUS & NANTON P.A. Firm/Company
520 N. ORUANDO AVE #Z
WINTER PARK, FL 32789 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
USA VEPICS at (407) 215-7737 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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

FILED

13 FEB -4 PM 5: 29

TONA CONSUL	TIME	uc	SECRETARY OF STATE
(<u>Name of the Limited Liab</u> (A Flori	ility Compa da Limited L	ny as it now appe Liability Company	ears on our records)
The Articles of Organization for this Limited Liabilit Florida document number		were filed on	10 b 201 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liab	ility company h	ere:
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ited Liability Com	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a			our records, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		I	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 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** <u>Name</u> <u>Address</u> **Type of Action** 520 N. ORUANDO AVE#2 MICK MANTON WIMTER PARIC, FL 32789 X Remove

<u>UGRM</u>	JWDICKS	520 N. OPLANDO AVE#2	Add
		620 N. ORLANDO AVE#2 WINTER PARK, FL 32789	Remove
			Add
		<u>. </u>	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	2 1 2013
_	
	Signature of a member or authorized refresentative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00