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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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12 HAY -1 PH I2: 27
SECTION OF STATE

K. SALY EXAMINER MAY 4 2012



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2012

OPTIMUS DEVELOPMENT GROUP, LLC. MARK M BOWER P.O. BOX 19768 SARASOTA, FL 34276

SUBJECT: OPTIMUS DEVELOPMENT GROUP, LLC.

Ref. Number: L11000125665

We have received your document for OPTIMUS DEVELOPMENT GROUP, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000073050 "MP ENTERPRISES LLC".

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 512A00011204

COVER LETTER

Division of Co	orporations		
SUBJECT:	Optimus Deve	elopment Group, LLC.	
,		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Mark M. Bower	
		Name of Person	
	N	M P Enterprises, LLC	
		Firm/Company	
		PO Box 19768	
		Address	
		Sarasota, FL 34276	·
		City/State and Zip Code	
	E-mail address: (1	arkmbower@aol.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
	ark M. Bower		923-5422
Name	of Person	Area Code & Daytime	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Optimus Development Group, LLC.

FILED"

12 MAY -1 PM 12: 27

SEURETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records:) LLAHASSEE, FLORIDA.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/03/2011 and assigned Florida document number ____ L11000125665 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DI COLA MIDDLETON ENTERPRISES, LIC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Domesia	
· · · · · · · · · · · · · · · · · · ·			Pamaya	
D. If amend	ling any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)	
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_				
Dated	April 2	11 000		
	Signatura	f a member or authorized representative of a memb		
	Signature (Mark M. Bower	r u 1	
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00