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G. MCLEOD

OCT 16 2012

EXAMINER



000240569390

10/12/12--01013--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporat	
SUBJECT: D+R	Creative Solutions, LLC Name of Limited Liability Company
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
_	Robert Detwiler Name of Person
_	D+R Creative Solutions Firm/Company
	11648 English St
	Orlando, FL 32817 City/State and Zip Code deelyte 5 @ ad. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information concer	
Deelyte Der Name of Pers	on Area Code & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

D+R Creative.	Solutions, LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/05/3012 and assigned
Florida document number <u>L 1200000 2177</u>	<u></u>
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12 00 · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	STA STATE OF
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ress here:
Name of New Registered Agent:	RobertJDetwiler
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	•

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

MGRM = Managing Member

Title Address Type of Action Name 1 DeeLyte Detwiler MGRM 11648 EnglishSt Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 9 Signature of a member or authorized representative of a member Robert J. Typed or printed name of signee

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Filing Fee: \$25.00