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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co	rporations				
SUBJECT:		nterprice, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Darlene Hoang			
		Name of Person			
	Firm/Company				
	2621 Enterprise Road, #700				
		Address			
		Prange City, FL 32763			
	City/State and Zip Code dtenterprise@live.com				
	E-mail address: (i	to be used for future annual report not	fication)		
For further information of	concerning this matter, please c	all:			
	rlene Hoang	at (407) Area Code & Daytin	430-3446		
Name	n reison	Area Code & Dayui	ne Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 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

T i	DT Enterprice, LLC		
(Name of the Limited Lia	bility Company as it now appeared Limited Liability Company)	rs on our records.	
(1110	And Elimica Elability Company)		
The Articles of Organization for this Limited Liabil	lity Company were filed on	July 11, 2012	and assigned
Florida document numberL1200009035			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	re:	
ד	DT Enterprise, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BO	X)		_
B. If amending the registered agent and/or		our records, enter th	e name of the new
registered agent and/or the new registered office	e address here:	TAL	72
·		i C	
Name of New Registered Agent:		H ^M	<u>ω</u>
New Registered Office Address:		35 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	O # :
	Ei	nter Florida street addr	(Section)
_		, Florid \(\begin{align*} \begin{align*} \beg	₩ U
	City	IDA TE	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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
	**************************************		Add Remove	
			Add Remove	
1,644 ·			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)		
	4			
Dated	Signature of a member of	erette de la company de la com		
	D	arlene Hoang		
	Typed o	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00