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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P

Account Number : 075350000514

Phone : (727)442-1200

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DCI - NAPLES, L.L.C.

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DCI - NAPLES, L.L.C. | | |
|--|--|--|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 7/8/2012 | and assigned |
| Florida document number L12000093367 | | nany here: oy," the designation "LLC" or the abbreviation "LLC" ress on our records, enter the name of the new |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" | or the abbrigging "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | المادات المادات المادات المادات |
| | | والله المرابي المرابي المرابي المرابي |
| | | |
| Enter new mailing address, if applicable: | | ラデ |
| (Mailing address MAY BE A POST OFFICE BOX) | | in - |
| | | , s 2* |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | · ·ida |
| | Cirv | |

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-------------------------|---|
| MGR | PAUL H. ROSS | 55 SE 2ND AVENUE #204 | |
| | | DEL RAY BEACH, FL 33444 | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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| . If amen | ling any other information, enter change(s) here: (Attach additional sheets, if neces | isary) | | |
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| Note: If document the reco | date, if other than the date of filing: (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fit the date inserted in this block does not meet the applicable statutory filing requirements, this of the effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:01 a. Oth day after the record is filed. | date will not be | : listed : | 1\$ 1 |
| Dated | JUN 15 2016 | | | |
| - | (D-1 | 74 | | |
| | Signature of a member or authorized representative of a member | | - <u>J</u> | |
| | ALAN S. GASSMAN, AS AUTHORIZED REPRESENTATIVE | a.w | *** | |
| | Typed or printed name of signee | ing: | _ _ ರಃ | |
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| | Page 3 of 3 | ORII | . | ì |
| | Filing Fee: \$25.00 | <u>∵</u> | | |

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