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B. BOSTICK
DEC **2 0** 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: DATA	A SOLUTEO Name of Limit	NS INTERNI ed Liability Company	ATIONAL L.L	C.
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspondence	ondence concerning this matter t	to the following:		
	777 NE	Name of Person LUTIONS IN Firm/Company Address LOTICA City/State and Zip Code gleton @ Email be used for future annual report noti	TERNATIONAL Tect Cals 33138	
For further information a	E-mail address: (to concerning this matter, please ca			<u> </u>
	Tingleton f Person	at (<u>786) 400 -</u> Area Code & Daytin	7906 Te Telephone Number	restal Table
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DATA SOLUTIONS INTERNATIONAL L.L.C.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/20/2 and assigned Florida document number 12/2000/55931.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the ab	obreviation
Enter new principal offices address, if applicable	e:	DEC	
(Principal office address MUST BE A STREET A	IDDRESS)	3 . 0	F
Enter new mailing address, if applicable:		E E	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	(##)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, <u>enter the name of</u>	the new
New Registered Office Address:	Enter I	Florida street address	
_		, Florida	
	City	7in 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 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** Name **Address Type of Action** MER Kyriaki Pilia 244 Biscayne Blvd #4903 177 ianzi 1-L 33/32 V Remove Remove Remove

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	Signature of a	member or authori	zed representative	of a member
	VERNEL	SINGL	ETON	Jr.
	, == //	Typed or printed	name of signee	

Filing Fee: \$25.00

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