

L12000162154

(Requestor's Name)

(Address)

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COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: DSM Technology Consultants, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WATER MUEHLBARGER

Name of Person

DSM TECHNOLOGY CONSULTANTS, LLC
Firm/Company

Firm/Company

6810 NEW TAMPA HIGHWAY

Address

LAKESLAND, FL 33815

City/State and Zip Code

KMUEHLERER D DSM.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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) \$60.00 Filing Fee, Certificate of Status & 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

DSM TECHNOLOGY CONSULTANTS LLC

(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 12/31/2012 and assigned
Florida document number L 12000162154

This amendment is submitted to amend the following:

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

SAME

The new name must be distinguishable and contain 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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6810 NEW TAMPA HIGHWAY
SUITE 600
LAKELAND, FL 33815

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:

SAME

New Registered Office Address:

SAME

Enter Florida street address

City

Florida

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 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.

NO CHANGES

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>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>BESSEY, JUDD</u>	<u>207 LAKE POINT PLACE</u>	<input type="checkbox"/> Add
		<u>STONE MOUNTAIN</u>	<input checked="" type="checkbox"/> Remove
		<u>GA 30088</u>	<input type="checkbox"/> Change
<u>Coo</u>	<u>FRUMERIE, DAVID</u>	<u>207 LAKE POINT PLACE</u>	<input type="checkbox"/> Add
		<u>STONE MOUNTAIN</u>	<input checked="" type="checkbox"/> Remove
		<u>GA 30088</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSM Technology Consultants, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATE MUEHLBACHER

Name of Person

DSM TECHNOLOGY CONSULTANTS, LLC
Firm/Company

Firm/Company

6810 NEW TAMPA HIGHWAY

Address

LAKELAND, FL 33815

City/State and Zip Code

KMUEHLER@AOL.COM DSM.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARL MUEHLBERGER at (863) 904-6961
Name of Person Area Code Daytime 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) \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

16 DEC 23 AM 11:27
DIVISION OF RECORDS
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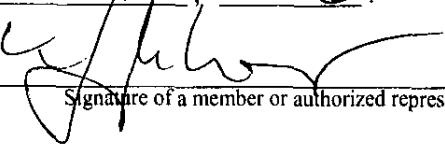
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/20 2016


Signature of a member or authorized representative of a member

Kael Muehrer

Typed or printed name of signee