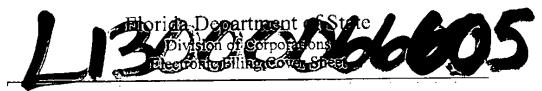
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000166359 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

*Enfor the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort the email address for this business entity to be used for future

*Enfort t

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DV INTEGRAL SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

O SIIVIVONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DV INTEGRAL SOL		
(Name of the Limited Liability Com	ndany as it now appears on our ed Liability Company)	records,)
(A France photo	to the only company	
The Articles of Organization for this Limited Liability Compa	ny were filed on 2/6/13	and assigned
Florida document number <u>L-130000(dale05</u> .		17 J
This amendment is submitted to amend the following:		and assigned 17 JUN 22 AH 00 CO CO AH 00 CO CO AH 00 CO CO AH 00 CO CO AH 00 CO AH 0
A. If amending name, enter the new name of the limited li	ability company here:	70
DVXPRES, LI		<u> </u>
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	on "ELC" or the abbreviation "L.EC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.	l ottice aggress on our : here:	records, enter the manie of the new
repistered agent without the new registered votes notices.		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my at as provided for in Chapte	er 605, F.S. Or, if this document is
<u>īr</u>	Changing Registered Agent. Si	gnature 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 = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			D Add
			□ Removo
			☐ Change
			D Add
			□ Remave
			Ghange
			· · · · · · · · · · · · · · · · · · ·
			JUN 22 AT 8
			DI Change Constitution of the Constitution of
			□ Add
			□ Remove
			Change
			☐ Remove
			□ Change
			☐ Remove
			Change

	ormation, enter change(s) here: (Attach additions	
		or 22
		17 JUN 22 AM 8: 40 DINISION OF CONTROLLIONS
		7
<u></u>		
	•	(optional)
Main. If the date incerted.	han the date of filing: I date must be specific and cannot be prior to date of filing or me in this block does not meet the applicable statutory filing on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.9207 (3)(b) g requirements, this date will not be listed as the
the record specifies a The 90th day after	delayed effective date, but not an effective the record is filed.	dime, at 12:01 a.m. on the earlier of:
DaiedX 06/2	117 Dingo aus	P
Χ		or's member

Page 3 of 3
Filing Fce: \$25.00