

L14000144242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

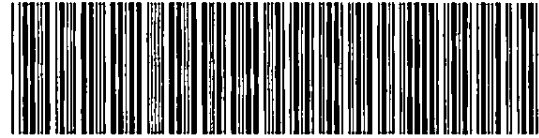
(Business Entity Name)

(Document Number)

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D. SCOTT  
DEC 14 2017

VANEK, VICKERS & MASINI P.C. ATTORNEYS AT LAW | 55 W. MONROE STREET, SUITE 3500, CHICAGO, IL 60603  
TELEPHONE 312 224 1500 | FAX 312 224 1510 | WWW.VANEKLAW.COM

VANEK | VICKERS | MASINI

Writer's Direct Dial: (312) 224-1524  
E-Mail Address: ARODRIGUEZ@VANEKLAW.COM

December 15, 2017

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

Re: DT Operations, LLC's Articles of Amendment  
Our File No.: 14-0192

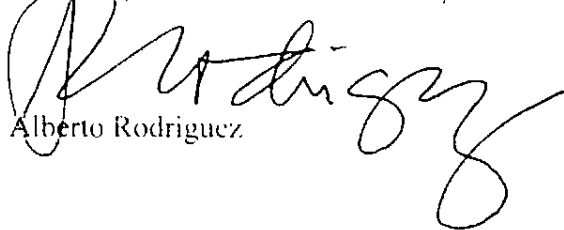
Dear Sir or Madam:

I am enclosing for filing on behalf of DT Operations, LLC signed Articles of Amendment to Articles of Organization. Enclosed is also a check, payable to the "Florida Dept. of State" in the amount of \$25.00 to cover the filing fee.

Should you have any questions about this filing, please do not hesitate to contact me at 312-224-1524.

Very truly yours,

VANEK, VICKERS & MASINI, P.C.

  
Alberto Rodriguez

Enclosures

AR/ar

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DT Operations, 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:

Alberto Rodriguez

\_\_\_\_\_  
Name of Person

Vanek, Vickers & Masini, P.C.

\_\_\_\_\_  
Firm/Company

55 W Monroe Street, Ste 3500

\_\_\_\_\_  
Address

Chicago, IL 60603

\_\_\_\_\_  
City/State and Zip Code

ARodriguez@Vaneklaw.com

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

For further information concerning this matter, please call:

Alberto Rodriguez

312 224-1524

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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)

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**

DT Operations, 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 September 15, 2014 and assigned  
Florida document number 114000144242.

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 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

\_\_\_\_\_  
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>
MGR	Jeff DiFazio	80 SW 8th Street	<input type="checkbox"/> Add
		Ste 2000	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated December 1, 2017

Typed or printed name of signee