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| State/Zip/Phon | e #)  |
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| Certificate    | s of Status   |
| ling Officer:  |   |
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Office Use Only



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SEP 2 9 2015 S. YOUNG

# **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   |   |  |
|--|---|---|--|
| DC Sourcing                                | LLC   |   |  |
| SUBJECT:                                   | Name of Limi                                    | ited Liability Company  |  |
| The enclosed Articles of A                 | mendment and fee(s) are sub-                    | mitted for filing.  |  |
| Please return all correspond               | dence concerning this matter                    | to the following:   |  |
|  | Daniel Cannon                                   |   |  |
|  |   | Name of Person  |  |
|  | DC Sourcing LLC                                 |   |  |
|  |   | Firm/Company  |  |
|  | 31117 Ashley Pines Place                        |   |  |
|  |   | Address   | ES 5   |
|  | Wesley Chapel, FL 33543                         |   | 国 28 万   |
|  |   | City/State and Zip Code   | 55 2 戸   |
|  | repotheral                                      | Jen Egmail, Com to be used for future annual report notifi          | minut — High 5   |
| For further information co                 | ncerning this matter, please c                  |   | cation) FLORES 4   |
| Daniel Cannon.                             |   | ot (213 ) 481-48  | 45   |
| Name of                                    | Person  | at (813) 481-48<br>Area Code Daytime                                | Telephone Number   |
| Enclosed is a check for the                | e following amount:                             |   |  |
| \$25.00 Filing Fee                         | □ \$30.00 Filing Fee &<br>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

| DC Sourcing LLC   |   |                                       |                                   |
|---|---|---------------------------------------|-----------------------------------|
| ( <u>Name of the Limi</u>   | ted Liability Company as<br>(A Florida Limited Liabil | It now appears on our recity Company) | ords.)                            |
| The Articles of Organization for this Limited L   | iability Company wer                                  | e filed on <u>07-03-12</u>            | and assigned                      |
| Florida document number   | •   |                                       |                                   |
| This amendment is submitted to amend the following  | owing:  |                                       |                                   |
| A. If amending name, <u>enter the new name o</u>  | f the limited liability                               | company here:                         |                                   |
|   |   |                                       |                                   |
| The new name must be distinguishable and contain the  | vords "Limited Liability C                            | ompany," the designation "            | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli   | cable:  |                                       |                                   |
| Principal office address MUST BE A STREE  | <u>ET ADDRESS)</u>                                    |                                       | 三流 香                              |
|   |   |                                       | 第 第 刊                             |
|   |   |                                       | ラ 7 F                             |
| Enter new mailing address, if applicable:   |   |                                       | ## F III                          |
| Mailing address MAY BE A POST OFFICE  | BOX)  | <del></del>                           | <u> </u>                          |
|   |   |                                       | <u> </u>                          |
|   |   |                                       | ***                               |
| B. If amending the registered agent and registered agent and/or the new registered of |   | address on our rec                    | ords, enter the name of the       |
|   |   |                                       |                                   |
| Name of New Registered Agent:   | Daniel Cannon   |                                       |                                   |
| New Registered Office Address:  | 31117 Ashley Pines                                    | Place                                 |                                   |
|   |   | Enter Florida street ac               | ldress                            |
|   | Tampa   |                                       | , Florida <sup>33543</sup>        |
|   |   | 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>     | Address                  | Type of Action         |
|--------------|-----------------|--------------------------|------------------------|
| MGR          | Robert Donofrio | 7817 Commerce St.        | Add                    |
|              |                 | Riverview, FL 33578      | ■ Remove               |
|              |                 |                          | ☐ Change               |
| MGR          | Daniel Cannon   | 31117 Ashley Pines Place | ■ Add                  |
|              |                 | Tampa, FL 33543          | ☐ Remove               |
|              |                 |                          | ☐ Change               |
|              |                 |                          | Add                    |
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| Effective date, if other than the fan effective date is listed, the date mu     | st be specific and | cannot be prior                       | to date of filing                     | or more than 90 da | <b>(optional)</b><br>Bys after filing.) P | ursuant to 605.0 |
| <b>Note:</b> If the date inserted in this be document's effective date on the I |                    |                                       |                                       | filing requireme   | nts, this date wi                         | ll not be listed |
|   |                    |                                       |                                       |                    |   |                  |
| he record specifies a delaye<br>The 90th day after the re-                      |                    | ate, but no                           | t an effect                           | ve time, at 1      | 2:01 a.m. or                              | the earlier      |
| September 1 Dated   |                    | 2015                                  |                                       |                    |   |                  |
|   | , /                | 1/                                    |                                       | _                  |   |                  |

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Typed or printed name of signee

Filing Fee: \$25.00