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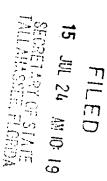
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EFFECTIVE DATE

AUG 04 2015 S. YOUNG



July 27, 2015

DAVID H POPPER 931 VERSAILLER CIRCLE MAITLAND, FL 32751

SUBJECT: DCPO ENTERPRISES, LLC

Ref. Number: L15000116694

We have received your document for DCPO ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00015724

SECRETARY OF STATE

COVER LETTER

Division of Corpo	rations			
SUBJECT: D	CPO Enterprise Name of Limit	ted Liability Company		
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	DAVID H. PO	Name of Person		
		Firm/Company		
	931 Versa	Her Cincle		
	·	Address		
	Maitlu	nl, R. 32757	7 J	
	DH Popper	City/State and Zip Code O GMALL, CIM. o be used for future annual report notificat	JUL 24 MI DE 20 CRETARILOF STATE LARVASSEE, FLERDA	-
			ion)	j
For further information con	cerning this matter, please ca	ll:	55 5	
DAVID H. P	opper— erson	at (407) 716 - 3 Area Code Daytime Te	70 YO Selephone 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)	

TO:

Registration Section

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

DCPO Enterprise	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15000116694</u>	mpany were filed on $\frac{7/7/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite DC POPPER Holdings The new name must be distinguishable and contain the words Limite	ed liability company here: LLC ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the research
egistered agent and/or the new registered office addre	ASS HETC.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Pagistered Agent's Signature if shanging Designand	,

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> Type of Action _D Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ——□ Aad □ O Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>
E. Effective date, if other than the date of filing: (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 (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 July 22 , 2015. Signature of a hember or authorized representative of a member
DAVID H. Puffer Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00