L1600031376

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900288915979

08/12/16--01005--011 **25.00

SECRETARY OF STATE FALL AHASSEE, FLORID!

2016 AUG 12 PM 2: 1:

K.EALY EXAMINER AUG 16

COVER LETTER

SUBJECT:	Do	ocN 3D-CAD, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Paul Dokken	
		Name of Person	
		DocN 3D-CAD, LLC	
		Firm/Company	
		5753 Hwy 85 North #2523	
		Address	
		Crestview, FL 32536	
		City/State and Zip Code	
	E-mail address: (pauldokken@sbcglobal.net to be used for future annual report notifi	cation)
For further information cond	cerning this matter, please ca	all:	
Paul Do		918 272-5194 at () Area Code Daytime	
Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	Collowing 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:

144.

Registration Section Division of Corporations

TO:

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**

F_{II}
2016 AUG (EL)
PALLORE 12 PM 2: 19
records.) AHASTICAD
TRECORDS TASSEE, SIATI
7A/ 76 / 2 PM 2: 19 r records.) AHASSEE FI OF S
<i>U</i>
on "LLC" or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·
···

	DocN 3D-CAD, LLC	7215 SAM	AKTUF 2: 19
(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	SKE SIATE
The Articles of Organization for this Limited Lia Florida document number L16000031376	bility Company were filed on	02/01/2016	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
IPD-	USA, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de-	signation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
(Frincipal Office address MOST BE A STREET	ADDRESSI		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	-		
B. If amending the registered agent and/oregistered agent and/or the new registered off	<u> </u>	our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		. Florida	
	City	, FIOLIUA	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>	Type of Action
MGR	Paul Dokken	5753 Hwy 85 North #2523	Add
		Crestview, FL 32536	☐ Remove
		walnus la salah da	Change
			Add
			□ Remove
			Change Change
			Remove
			ORICE Change
			☐ Remove
			Change
			□ Remove
			□ Change
			
			□ Remove
			Change

	2016 NIC 12 PM 2: 19
	Mone 12 pt 2: 19
	Tallo NIC 12 PM 2: 19
	TOTAL PROPERTY OF STATE OF STA
	MIGNIC 12 PM 2: 19
	Me 12 PM 2: 19
	2 PM 2: 19 SSEE, FLORIDI
	THE STATE OF THE S
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the listed. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.020 uirements, this date will not be listed a
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m. on the earlier $\mathfrak c$
ated August 4 2016	
Signature of a member of authorized representative of a	
Signature of a member of authorized representative of a	nember
Paul Dokken	

Page 3 of 3

Filing Fee: \$25.00