

L16000192005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

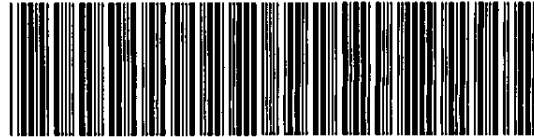
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DIVISION OF CORPORATIONS

O SIMMONS

NOV 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DPD DATA POWER DEAR 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:

MARCO SARRI

Name of Person

DPD DATA POWER LLC

Firm/Company

8201 PETERS ROAD, SUITE 1000

Address

PLANTATION, FL 33324

City/State and Zip Code

MARCOSARRI@DATAPOWERDEAR.COM

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

For further information concerning this matter, please call:

ITCHEL HONDARES

Name of Person

at (305)

Area Code

960 - 1260

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DPD DATA POWER DEAR 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 10/18/2016 and assigned Florida document number L16000192005.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DPD DATA POWER LLC

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:

8201 PETERS ROAD SUITE 1000

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33324

UNITED STATES OF AMERICA

Enter new mailing address, if applicable:

8201 PETERS ROAD SUITE 1000

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL 33324

UNITED STATES OF AMERICA

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

City

, Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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DIVISION OF
REGISTRATION
OF PROFESSIONALS

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1610
DIVISION OF OPERATIONS

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DIVISION OF CORRECTIONS

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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 November 21. 2016

Signature of a member or authorized representative of a member

MARCO SARRI
Typed or printed name of signee