117000023005

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
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SCURETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			4 ¹ 6		
CUD II		SULTING, LLC	``			
SUBJ	ECI;	Name of Lim	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		David Schubauer				
			Name of Person			
			Firm/Company			
		2 Grove Isle Drive, Unit B	-1105			
			Address			S
		Coconut Grove, FL 33133			7 HAR	
		_	City/State and Zip Code		R -2	12.75 12.75
		dschubauer@comcast.net	to be used for future annual report notifi	instina V		SEAL SEAL
For fu	rther information c	oncerning this matter, please ca		(Cation)	PM I:	8073. XIX
David	Schubauer		305 808-7804 at ()		5	岩河
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
= \$2	5.00 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 St Certified Copy (additional copy is e	atus &	

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

DTS CONSULTING, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document numberL17000023005	were filed on January 30, 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
David T. Schubauer PLLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7917
		= ==
Enter new mailing address, if applicable:		AND
(Mailing address MAY BE A POST OFFICE BOX)		70
Muning uddress MAT BE A POST OFFICE BOX		# F 0
		- = = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered off	ice address on our records, enter the	e 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	
	emer rioriaa sireei aaaress	
	, Florida	7in Code
	1 1F11	/ID (000

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 = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
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			Add ARD SST
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			Add
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fective date, if other than an effective date is listed, the dat	the date of filin	g:			(optional)	 - 	
an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	iis block does not n	neet the applic	able statutory:				
record specifies a del The 90th day after the			t an effectiv	ve time, at	12:01 a.m.	on the earli	er of:
March I		2017					
		,	<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00