

L17000050957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 AUG 14 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 16 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Datapoint Interactive 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.

Guy Pierce

\_\_\_\_\_  
Name of Person

Datapoint Interactive LLC

\_\_\_\_\_  
Firm/Company

405 Knotty Wood Ln

\_\_\_\_\_  
Address

Wellington, Florida 33414-7850

\_\_\_\_\_  
City/State and Zip Code

gpierce83007@gmail.com

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

For further information concerning this matter, please call:

Guy Pierce

305

879-5389

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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)

**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**

Datapoint Interactive 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 March 6, 2017 and assigned  
Florida document number L17000050957.

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

405 Knotty Wood Ln

Wellington, FL 33414-7850

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

405 Knotty Wood Ln

Wellington, FL 33414-7850

**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:

Guy Pierce

New Registered Office Address:

405 Knotty Wood Ln

*Enter Florida street address*

Wellington

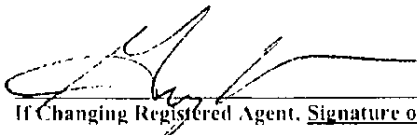
*City*

Florida 33414-7850

*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

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[illegible]

(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 (3)(b)

(b) The 90th day after the record is filed.

*Signature of a member or auth.*

Sandra Marino

FILED  
17 AUG 14 PM 1:10  
SECOND DEPT OF STATE  
TALLAHASSEE, FLORIDA