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COVER LETTER

Division of Corp	orations		
SUBJECT: \	5 LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	Jeffney T	D. Hassell Name of Person	
		Name of Person	
	Gabile Got	wals	
		Firm/Company	
	100 W.5th	'St, Stellot	
		Address	
	Tulsa, D	K 74103	
)	City/State and Zip Code	1
	E-mail address: (to	City/State and Zip Code City/State and Zip Code	(1. (0) (m)
For further information co	ncerning this matter, please call		
Jef-frey T	D. Hassell	at (918) 595	-4800
Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
	Certificate of status	(additional copy is enclosed)	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

VO5 LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/13/2017	and assigned
Florida document number L1700083755		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
DipoCo LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		<u> </u>
		17.0C1 -2
		<u> </u>
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
muning quaress mat be a rost of fice box		
	•	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street address	
	Floric	
	City	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> Address Type of Action _ 🗆 Add _□ Remove _□ Change _D Add □ Remove __ Change _ Change 2 _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

□ Change

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an effective of the	date is listed, the date inserted effective date	e date must be in this block	specific and does not n	f cannot be neet the a	pplicable	te of filing statutory	or more tha filing requ	in 90 days a irements.	ifter filing.) this date	Pursuant to will not be I	605.0207 (3 listed as th
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00