L17000123836

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2017 JUN 12 PH 3: 08
SECRETARY OF STATE
SECRETARY OF STATE

J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: DCD	PRINTING 9	I INSTALLATION ited Liability Company	LLC
	Name of Lin	nited Liability Company	
	•		
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	HALLAGE	MACREDOANIA	
	THE LIBOR	VALDEIZRAMA Name of Person	<u> </u>
	GUALTY	BUSINESS SO Firm/Company EVIDENCE BL	lutions LLC
	1229 Pac	NIDENCE BL	1D-Sure J
	DeltonA,	FC 32725 City/State and Zip Code	
	VALDERRANAD E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
HAUDEE VA	CDERRALA	at (<u>386)</u> 259 – Area Code Daytime	1971 Telephone Number
Enclosed is a check for the	_		
\$25.00 Filing Fee	S30.00 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)
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DCD PRINTING S	Company as it now appears on our records.) imited Liability Company)	• 		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{L17000123836}{}$	enpany were filed on 06/06/17	ar	nd assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
DCD PRINTING & INST	ALLATION LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
		<u></u> ₹s	2	
Enter new mailing address, if applicable:	e	CRET	NU JUN	
(Mailing address MAY BE A POST OFFICE BOX)		155 X	2	
Huning mattess MAT BE A POST OFFICE BOAT		70	P	
B. If amending the registered agent and/or register	nod office address on our records onto		ယ္ က်	Etho nov
registered agent and/or the new registered office address	ss here:	1 Me. II	aums u	i the new
,				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			
			
			Add
			Remove
			□ Change
			Add A Si Remove
			Remove
			S A Change
			SECRETARY OF STATE ARRY OF STATE ARRANGE A
			Pri & Remove
			☐ Change

	information, enter cha		•		MPAI
FROM:	DCD PRIN	TING & II	VSTALLAT	ION LLC	-
10: Da	D PAINTI	NG & INS	STALLATI	ON LLC	-
,					
Note: If the date inserted	than the date of filing: _ e date must be specific and can in this block does not mee on the Department of State	t the applicable statutory	or more than 90 days afte filing requirements, thi	ional) r filing.) Pursuant to 605, is date will not be liste	0207 (3)(b d as the
e record specifies a The 90th day after	delayed effective dat the record is filed.	e, but not an effecti	ve time, at 12:01	a.m. on the earlie	er of:
Dated <u>June</u>	7	2017		TA 2	
<u></u>	·	nber or authorized represent		SECRETA	T
	Ty Ty	ped or printed name of signo	ce	RY OF S	
		Page 3 of 3		3: 0; 0; 14.1E 0; 10;	1

Filing Fee: \$25.00