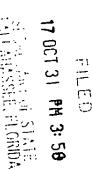
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S. WARREN NOV 0 2 2017

## **COVER LETTER**

Division of Cor			
OTTO ID OT	work Consulting LLC		
<u></u>		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michel Dominguez		
		Name of Person	
	D & D Network Consulting	g LLC	
		Firm/Company	
	3800 Inverrary Blvd Suite	400 E	
		Address	
	Lauderhill Fl 33319		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Michel Dominguez		954 939-4597 at ()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

D &D Network Consulting LLC				
(Name of the Limited (A	<u>i Liability Compan</u> A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lial	bility Company v	vere filed on $\frac{10/247}{2}$	2017	and assigned
Florida document number <u>W 17000</u> F	7988).			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the desig	nation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or			ır records, <u>enter</u>	the name of the new
registered agent and/or the new registered offi	ice 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 Re	gistered Agent:	·		•
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete p ered agent as pr egistered office a	performance of my ovided for in Cha	duties, and I am for pter 605, F.S. Or,.	amiliar with and if this document is
company has been notified in writing of this ch	hange.		: ::::::::::::::::::::::::::::::::::::	FILE
	If Chang	ing Registered Agent,	Signature of New Ker	istered Azent

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>	Type of Action
MGR	Michel Dominguez	3800 Inverrary blvd Suite 400 E La	<b>=</b> Add
			Remove
			☐ Change
			Remove
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ective d	late, if other than the date of	filing:	(optional)
effective te: If the	e date is listed, the date must be speci se date inserted in this block does	fic and cannot be prior to date of filing or more than 90 s not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.020 lents, this date will not be listed a
	s effective date on the Departmen		
record	specifies a delayed effect	tive date, but not an effective time, at 1	$12:01$ a.m. on the earlier $\epsilon$
he 90t	th day after the record is f	filed.	
ed	10-24-2017	·	<b>三</b>
		1 //	000
		e of a member of authorized representative of a member	# 3 3 F
	Signatur		
	Signatur		
	Signatur Michel Dominguez	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00