117000261943

	1
(Requestor's Name)	
	ι
(Address)	
(Add)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	· į
(Carina Falls Name)	<u></u>
(Business Entity Name)	ì
(Document Number)	
Certified Copies Certificates of Status	
	<u>-</u>
Special Instructions to Filing Officer:	
	ļ
	ļ
	- }

Office Use Only



800307533988

01/09/18--01019--009 **25.00



COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: DKP CONSULTING 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:
Daniel K Perry
Name of Person
DKP (onsulting LLC.
279 Sussex Circle
Address
Jupiter, FL 33458
City/State and Zip Code AKPETUS 6 Camuil (0) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel K Peny 1 11(561) 346-8689
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{(additional copy is enclosed)}\$\$ Certificate of Status \$\Bigcup \text{(additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building
Tallahassee, FL 32314 266 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DKP Consulting	LLC
(Name of the Limited L	ility Company as it now appears on our records.) da Limited Ljability Company)
The Articles of Organization for this Limited Liability C	Company were filed on <u>December 26, 2017</u> and assigned
Florida document number <u>L17000261943</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	mited liability company here:
	1
The new name must be distinguishable and contain the words "Lim	imited 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 ADDI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHASS 18 JAN 9
maning address MAT DE ATOST WITTEL DON	in charge
	. O. C. T.
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	istered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Clty Zip Code
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and c	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605. F.S. Or, if this document is

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 or removed	Authorized Person(s) authorized to from our records:	nanage, enter the title, name, and address of ear	ch person being adde
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
STEMA	Daniel K Peny	279 SUSSEX CITILE Jupiter, FL 334:	<u> </u>
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
	,	-!	Add
	,		Remove
			Change
		<u> </u>	O Add
			□ Remove
ſ			Change
•			

Page 2 of 3

	Jam	zdding.	Mysel	f as c	m avt	horited	Mento	er.	
	I am	1 K Re	<u>m</u>						_
	<u> </u>	· 	<i></i>						
				\ 					
			·	.1				•	-
				1					
									
								 	
						 -			
		 .						ō	E A
				1					E A
				· -	<u>_</u>				ASSI
									5, 0RII
						·		<u></u>	
Effe	ctive date, if oth	er than the	date of filin	g: 1	ior to date Å	tiling or more	opt	ional) er filing.) Pursuant to	. 605 0207
Note		rted in this bl	ock does not i	neet the app	licable stat			is date will not be	
	ecord specifiene ne 90th day af				not an ef	fective tim	e, at 12:01	a.m. on the ea	arlier of
				ť					
Th		48 bi)18	4:00/p	<u>'m</u> .				
Th	ed Junuar	<u> </u>				1			
ı Th	ed Junuar	S P	<u></u>			\			_
Th	ed <u>Junuar</u>	- C	Ugnature of a	member or a	thorized rej	resentative of	a member		-
Th	ed Junuar	Dani			•		a member		-
Th	ed Junuar			nember or no Perror	•		a member		-
Th	ed Junuar			Perry Typed or p	•	ofsignee	a member		-