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Amend Ch8

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COVER LETTER

	sion of Cor				
		NERS LLC NAME CHÀNGE	TO DTSP3 PARTNERS LLC		
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LEISA ERICKSON			
			Name of Person		
		ENGEL & VOELKERS S	T PETE/EV3 PARTNERS LLC		
			Firm/Company	 	
		102 2ND AVE NE			
			Address		
		ST PETERSBURG, FL 33	3701		
			City/State and Zip Code		
		LEISA.ERICKSON@EVU			
			to be used for future annual report i	notification)	
For further in	formation c	oncerning this matter, please ca	all:		
LEISA ERICKSON		239 789-7106			
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling 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)	
	ling Addres		Street Address		
	istration S ision of C	Section orporations	Registration Division of O		
	. Box 632		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

igned, **EV3 PARTNERS 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 OCTOBER 8, 2018 Florida document number L18000238430 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DTSP3 PARTNERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 102 2ND AVE NE NE Enter new principal offices address, if applicable: ST PETERSBURG, FL 33701 (Principal office address MUST BE A STREET ADDRESS) 102 2ND AVE NE Enter new mailing address, if applicable: ST PETERSBURG, FL 33701 (Mailing address MAY BE A POST OFFICE BOX) 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: MATTHEW ERICKSON Name of New Registered Agent: 350 81ST AVE New Registered Office Address: Enter Florida street address , Florida 33706
Zip Code ST PETE BEACH

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.

City

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
			Remove
			□Change
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Filing Fee: \$25.00

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DTSP3 PARTNERS LLC LEISA MOHLER-ERICKSON SOLE MBR 3742 FOSTER HILL DR N ST PETERSBURG FL 33704

of this letter to respond.

Until you receive notification of acceptance, you must file your taxes as though you made no S election.

If you don't respond, we won't be able to accept your Form 1120-S as filed, and we will stop processing it. Additionally, your account may reflect incomplete or incorrect information.

You can get any of the forms or publications mentioned in this letter by calling 800-TAX-FORM (800-829-3676) or visiting our website at www.irs.gov/formspubs.

If you have questions, you can call the Entity Dept. at 801-620-6449 between 12:01 a.m. and 11:59 p.m. MT.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone number (29) 789 - 7106 Hours 8am - 10pm

Thank you for your cooperation.

Sincerely yours,

Joe I. Jacquez

Entity Department Manager

Enclosures: Copy of this letter Envelope Your Form 2553