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(Requ	uestor's Name)	
(Addr	ress)	
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COVER LETTER

	ion Section of Corporat	ions			
	P, LLC				
SUBJECT:	 .	Name of Lim	ited Liability Company		
The enclosed Artic	les of Amen	dment and fee(s) are sub	mitted for filing.		
Please return all co	rrespondenc	e concerning this matter	to the following:		
	R	obert B. Cook,, Esq.			
			Name of Person		
	R	obert B. Cook, P.A.			
	_		Firm/Company		
	43	62 Northlake Blvd., Ste 2	213		
			Address		
	Pi	alm Beach Gardens, FL 3	33410		
	_		City/State and Zip Code		
	rbo	1960@yahoo.com	to be used for future annual re	nort notification)	
For further informa	tion concern	ning this matter, please ca		port notification)	
Robert B. Cook		•	561 310- at ()	1177	
N	lame of Perso	n	Area Code	Daytime Telephone Nur	nber
Enclosed is a check	for the following	owing amount:			
■ \$25.00 Filing F	ee 🗆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi sed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
R	1AILING A egistration bivision of C	Section	Registratio	COURIER ADDRESS n Section Corporations	S:

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DXP, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000267403	were filed on 11/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
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:	17125 Bay Street	是
Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33477	55 Z
Enter new mailing address, if applicable:	17125 Bay Street	8: 2
Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33477	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the
egistered agent and/or the new registered office address her	<u>c</u> .	•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	enter e torida street adares	ex
		orida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jim Barboni	17125 Bay Street, Jupiter, FL 33477	
			3 Add
			□ Remove
			Change
MGR	Giovanni Messina	17125 Bay Street, Jupiter, FL 33477	
		Marchae	□ Remove
		Member	■ Change
			□ Remove
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cument's effective d	ate on the Department	, of State's records.				
record specifies	a delayed effectiv	ve date, but no	t an effective ti	me, at 12:01 a	.m. on the earlie	er o
he 90th day aft	er the record is fil	led.				
March 22, 20	19					
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Filing Fee: \$25.00