

L200000059275

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2020 NOV 18 PM 1:50  
TALLAHASSEE, FL

46. 129

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DPA INVESTORS GROUP 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:

Paul S. Turner  
Name of Person

\_\_\_\_\_  
Firm/Company

2944 N.W. 44th Street  
Address

Miami, Florida 33142  
City/State and Zip Code

Pturner121964@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul S. Turner at (786) 402-9862  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

DPA INVESTORS GROUP 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 2 | 21 | 2020 and assigned Florida document number L20000059275.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PST CONSULTANT, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF DISTRICT COURT  
MIAMI FLORIDA

**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:**

Name of New Registered Agent:

Paul S. Turner

New Registered Office Address:

18041 NW 44th AVE

Enter Florida street address

Miami Gardens

City

Florida

33055

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DARIUS BURGESS	6272 SW 99TH PLACE	<input type="checkbox"/> Add
		South Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMY MCCANTS	6272 SW 59TH PLACE	<input type="checkbox"/> Add
		South Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 RECEIVED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

NOV 18 11:50 AM  
STATE OF FLORIDA  
SECRETARY OF STATE

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 14, 2020.

*Paul S. Turner*

Signature of a member or authorized representative of a member

Paul S. Turner

Typed or printed name of signer