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## **COVER LETTER**

TO: Registration Section Division of Corporati	ions	
SUBJECT:	DNC MATERIAL LLC Name of Emited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	re concerning this matter to the following:	
	PIERRE Ar Saliba  Name of Person  Finance & HARKETING Solution  Firm/Company  1031 BET AIRE DE W  Address  Pen Go Ke lines FL 38027  City/State and /ip Code  JIERRE WYOUR CEO. Net  Femal address (to be used for future annual report notification)	FNC
For further information concern  Figure 2 a  Name of Perso  Enclosed is a check for the foll  Y-\$25.00 Filing Fee	I'ba at (305) 6/3-3067  Area Code Daytime Telephone Number  Sound Filing Fee & S55.00 Filing Fee & S60.00 Fi	ling Fee. te of Status &

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

LATERIAL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number \_ L 20000 121 999 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Uability Company," the designation "LLC" or the abbreviation "U1". 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) 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: New Registered Office Address: Enter Florida sireet address

## 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 compropositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

 $C_{D}$ 

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being s or removed from our records: MGR = Manager AMBR = Authorized Member Title Type of fleti Name Address ALEXANDRA C/FRIE 6942 NW 11274 AC X ... HG12 **II** Change MGIZ Mexandra Merove-Prone Cleric 6942 NW 112th Auc = 100 

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an effective da lote: If the c	e, if other than t ate is listed, the date r ate inserted in this Tective date on the	nust be specific and block does not t	d connot be prior meet the applic	able statutory fil	(c more than 90 days ing requirements	optional) after filing.) Pinsume to 6 this date will not be 9
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Filing Fee: \$25.00