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| (F | Requestor's Name) | |
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| (/ | Address) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (1 | Business Entity Name |) |
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| Certified Copies | Certificates o | f Status |
| Special Instructions | to Filing Officer: | |
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| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|---|--|----------------------------|
| | STMENT LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | Amendment and fee(s) are sub | · | | |
| | DANIEL PACHECO | | | |
| | · | Name of Person | | |
| | 20 NE 14TH AVE 4 | FirmCompany | SECRET TALL/ | 2021 JUL |
| | POMPANO BEACH/ FL | Address 33060 | ARY OF S | FILED 2021 JUL 26 PM 2: 04 |
| | danipacheco777@gmail.co | | FL | 5: 04 |
| For further information | E-mail address: (eoncerning this matter, please c | to be used for future annual report notif all: | ication) | |
| DANIEL PACHECO | | 786 263-2604 | | |
| Name | of Person | | e 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 Certificate o Certified Co (additional cop | of Status & |
| N1411 | INC ADDRESS: | STREET/COURT | FR ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DP INVESTMENT LLC | | |
|--|---|----------------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Lii | Company as it now appears on our recor mited Liability Company) | <u>rds.</u>) |
| ne Articles of Organization for this Limited Liability Con | npany were filed on <u>05/19/2021</u> | and assigned |
| orida document number 1.21000233792 | | |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limite | d liabil <u>ity company here</u> : | |
| OP SERVICES & INVESTMENT LLC | | |
| he new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "Ll | LC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | JL 26 JARY |
| | | OF P |
| <u>Mailing address MAY BE A POST OFFICE BOX)</u> | | F.S. 2 |
| | | ATE 104 |
| 3. If amending the registered agent and/or registe | red office address on our reco | |
| egistered agent and/or the new registered office addre | ess here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 12 - 121 - 12 | · · |
| | Enter Florida street add | inces |
| | | , Florida |
| | City | 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> | Address | Type of Action |
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Typed or printed name of signee

Filing Fee: \$25.00