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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor		-	
DP WRAPS	S USA 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:	
	MARIA MARQUEZ		
		Name of Person	
	ALDANA & ASSOCIATI	ES	
	<del></del>	Firm/Company	202
	133 ROLLINS AVE SUIT	Tt. 1	2021 AUG 10 PH 3: 27
		Address	
	ROCKVILLE, MD 20853		PI
		City/State and Zip Code	ာက္ ယူ
	MGMARQUEZ@ALANS.		
For further information c	oncerning this matter, please c	to be used for future annual report no all:	meanny
	oncerning this manuer, preuse e	301 301-770-45	WA I
MARIA MARQUEZ		at ( )	
Name o	l'Person	Area Code Dayta	me Telephone Number
Enclosed is a check for the	he 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 Addre		Street Address:	ection
Registration ! Division of C		Registration S Division of Co	
P.O. Box 631	27	The Centre of	
Tallahassee.	F1, 34314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DP WRAPS USA LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our real Limited Liability Company)	ccords.)
The Articles of Organization for this Limited Liability C	Company were filed on 07/21/2021	and assigned
lorida document number 1.21000331779	<u></u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	rited liability company here:	
D WRAPS USA LLC		-2
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET_ADD	RESS)	5
		P. P.
		بن الأرابات
nter new mailing address, if applicable:		型 2
Agiling address MAY BE A POST OFFICE BOX)		\···
. If amending the registered agent and/or registere	ed office address on our records, <u>e</u>	nter the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. 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 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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			☐ Change
			□Add
			Remove  Change
			P Minds O
			□Add
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	07/	21/2021				
ffective date, if other than the lan effective date is listed, the date in	ist be specific and canno	t be prior to date of	f tiling or more tha	optional o 90 days after filin	g.) Pursuan	to 605.t
Note: If the date inserted in this to document's effective date on the I	lock does not meet th	ie applicable sta	lutory filing requ	irements, thus dat	e will not	be liste
record specifies a delayed effecti	ve date, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th da	ıy after
d is filed.						
Dated JULY 28	202	:1				
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	<i>~</i> . ~	L) 111 / Com				

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Filing Fee: \$25.00