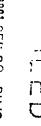
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| (R                      | lequestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT              | MAIL        |
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| ·                       | ,                   | ,           |
| (C                      | ocument Number)     | . <u>.</u>  |
| Certified Copies        | Certificates        | s of Status |
| Special Instructions to | o Filing Officer:   |             |
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2021 SEP 30 PM 12: 01





## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: DSP Tec   | h Solutions LC   |  |
| Na   | me of Limited Liability Company  |  |
| The enclosed Articles of Amendment and fee(  | s) are submitted for filing.   |  |
| Please return all correspondence concerning th   |  |  |
| Please return an correspondence concerning in  |  |  |
|  | Don Petit-Fre C  | e  |
| DSY  | 7 Tech Solutions<br>Firm/Company   | LLC 281 SEI  |
| PoBo   | OX 4465<br>Address   | 1021 SEP 30 PK 12: 08  |
| Brando   | City/State and Zin Code  | · -  |
| E-ma   | Zytvnow@gma  | cation) Com  |
| For further information concerning this matter   | r, please call:  |  |
| Dan Petit-Freec  | at (813) 62<br>Area Code Daytime   | S-3264 Telephone Number  |
| Enclosed is a check for the following amount   | t:   |  |
| □ \$25.00 Filing Fee □ \$30.00 Filing Certificate of Free Amend ment                               | Status 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 Second Division of Core The Centre of Total Control of Contro | porations  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _ DP Tech Solut   | ions LLC   |                |
|---|--|----------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company) | <del></del>    |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L2100385051</u> .        | were filed on $8/27/2021$ and                            | l assigned     |
| This amendment is submitted to amend the following:   |  |                |
| A. If amending name, enter the new name of the limited liab   | <del></del>  |                |
| The new name must be distinguishable and contain the words "Limited Lidbil  | <del>-</del>   | i "L.L.C."     |
| Enter new principal offices address, if applicable:   | ن ج  | , r            |
| (Principal office address MUST BE A STREET ADDRESS)   |  | <u>, M</u>     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                               | DSPTECH Solutions POBOX 41465                            | S LLC          |
|   | Brandon, FL 33509  | <del></del>    |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the             | new registered |
| Name of New Registered Agent:   |  |                |
| New Registered Office Address:  | Enter Florida street address                             |                |
| <u></u>   | , Florida  |                |
|   | City Zip Co  | ode            |

## 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, <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> | Name        | Address      | Type of Action                     |
|--------------|-------------|--------------|------------------------------------|
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| fective date, if oth<br>n effective date is liste | rd, the date must be | specific and ea | annot be prior to | i date of filing i | or more than 90 | (optiona<br>days after fili | ng.) Pursua                           | nt to 605.0 |
| ote: If the date insecument's effective           |                      |                 |                   | ole statutory f    | iling requiren  | nents, this di              | ite will no                           | t be listed |
|   |                      |                 |                   |                    |                 |                             |                                       |             |
| ecord specifies a de<br>is filed.                 | layed effective d    | ite, but not a  | n effective tin   | ie, at 12:01 a.    | m, on the earl  | ier of: (b)                 | The 90th                              | day after t |
|   |                      |                 |                   |                    |                 |                             |                                       |             |
| ted   |                      | •               | Tember or author  | -·<br>-: 1         |                 |                             |                                       |             |
|   |                      |                 |                   |                    |                 | // //                       | <i>(</i> )                            |             |

Filing Fee: \$25.00