## L72600523998

| (Re                     | questor's Name)   | ·····       |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    | ·           |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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## **COVER LETTER**

TO:

|              | gistration Se<br>vision of Cor |  |  |  |
|--------------|--------------------------------|--|--|--|
| SHID IDEET   | Depuy Sale                     | s & Marketing LLC                            |  |  |
| SUBJECT      | :                              | Name of Lim                                  | ited Liability Company   |  |
| The enclose  | ed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please retur | n all correspo                 | ondence concerning this matter               | to the following:  |  |
|              |                                | Mitch Taylor                                 |  |  |
|              |                                |  | Name of Person   | <del></del>  |
|              |                                | Mitchell L Taylor CPA PA                     |  |  |
|              |                                |  | Firm/Company   |  |
|              |                                | 4800 N Federal Hwy D102                      |  | · )  |
|              |                                |  | Address  |  |
|              |                                | Boca Raton Fl 33487                          |  | ; ;<br>;<br>; 1  |
|              |                                |  | City/State and Zip Code  |  |
|              |                                | Mitch@mitchelltaylorepa.co                   |  |  |
| Von Gueleur  | information o                  |  | to be used for future annual report notification                 | . (2   |
| roi iuitiici | information ¢                  | oncerning this matter, please co             | 111;   |  |
| Mitch Tayl   | or                             |  | 561 367-1568<br>at ( )   |  |
|              | Name o                         | f Person                                     | Area Code Daytime Telep  | none Number  |
| Enclosed is  | a check for th                 | ne following amount:                         |  |  |
| □ \$25.00    | Filing Fee                     | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|              | ailing Addres                  |  | Street Address:<br>Registration Section                          |  |
|              | -                              | orporations                                  | Division of Corporati  | ons  |
| P.           | O. Box 632                     | 7  | The Centre of Tallaha  | issee  |
| Ta           | ıllahassee, l                  | FL 32314                                     | 2415 N. Monroe Stre  | et, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DEPUT SALES & MARKETING LLC   |   |                             |
|---|---|-----------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | as it now appears on our records.) ability Company) |                             |
| The Articles of Organization for this Limited Liability Company w<br>Florida document number 1.22000523998                                | rere filed on 12/14/2022                            | and assigned                |
| This amendment is submitted to amend the following:   |   |                             |
| A. If amending name, enter the new name of the limited liabili  | ty company here:                                    |                             |
| DPSM LLC  |   |                             |
| he new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "LLC" o                 | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | N/A   |                             |
| Principal office address MUST BE A STREET ADDRESS)  | (   | - )                         |
|   |   | <u>-</u>                    |
| Enter new mailing address, if applicable:   | NA  | - :<br>1<br>2 !             |
| Mailing address MAY BE A POST OFFICE BOX)   | 7.5   | • •                         |
|   | <u></u>   |                             |
|   |   | 10                          |
| <ol> <li>If amending the registered agent and/or registered office ad<br/>agent and/or the new registered office address here:</li> </ol> | dress on our records, <u>enter th</u>               | e name of the new register  |
| Name of New Registered Agent:   | N/A-  |                             |
| New Registered Office Address:  |   |                             |
|   | Enter Florida street address                        |                             |
|   | Flori   | da                          |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|-------------|---------|----------------|
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             |         | □Add           |
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|              |             |         | []Changa       |

| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  e 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 rd is filed.  |   |  |
|--|---|--|
| Effective date, if other than the date of filing:  (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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled.  Dated  JANUARY 3  2023   |   | /  |
| Effective date, if other than the date of filing:  In effective date, if other than the date of filing:  In 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 605.020'  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The effective date of filing:  The 90th day after the date filed.  Dated  ANUARY 3  2023   |   |  |
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|  |   |  |
| Signature of a member authorized representative of a member  | Dated JANUARY 3                         | 2023   |
| Signature of a member of authorized representative of a member   | Dated                                   | 2023   |
|  | Dated                                   |  |

. . .

Filing Fee: \$25.00