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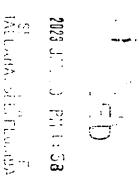
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Cor		•			
SUBJE		DD 102. LLC	·			
.50DJE	C1	Name of Limi	ted Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please re	eturn all correspon	ndence concerning this matter t	o the following:			
		JOEL A. THRELKELD, ES	SQ.			
		·	Name of Person			
		THRELKELD LAW, P.A.				
			Firm/Company			
		3003 TAMIAMI TRAIL N	., STE. 400			
			Address			
		NAPLES, FL 34103			2023 St. IACI	
			City/State and Zip Code			
		JOEL@NAPLESLEGAL.N				
		E-mail address: (1	o be used for future annual report notifi	cation)		, 1
For furtl	her information co	oncerning this matter, please ca	11:			
JOEL A	. THRELKELD,	ESQ.	239 234 - 5034		၃ ျာ ည်	_
	Name of	Person		Telephone Number		
Enclose	d is a check for th	e following amount:				
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Mailing Address	<u>s:</u>	Street Address:			

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

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

DRIFTWOOD 102, LLC					
(Name of the Lim	ted Liability Company as i (A Florida Limited Liabilit	it now appears on our ro y Company)	ecords.)		
The Articles of Organization for this Limited L	iability Company were	filed on07/23/200	8	and assigned	d
Florida document number 1.08000070962	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability o	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation	"LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if appli	cable:		 		
Principal office address MUST BE A STREA	ET ADDRESS)			202	
				<u></u>	
			<u> </u>	; :	
Enter new mailing address, if applicable:			·	٠, ن	
			<u> </u>		1
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				j
				 O1	
				<u>.</u>	• .
B. If amending the registered agent and/or agent and/or the new registered office addro		ss on our records, <u>e</u>	<u>nter the name of</u>	the new reg	ISTO
igent and/or the new registered writer address					
Name of New Registered Agent:	THRELKELD LAW.	. P.A.			
New Registered Office Address:	3003 TAMIAMI TRA	AIL N., STE. 400			
The register of the radian.		Enter Florida street a	uddress		
	NAPLES		_, Florida		
	(lity		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
AMBR	THE RUECKERT IRREV TRUST	7 rue Saint Dominique	■Add
		Paris, France 75007	
			□Change
MGR	CAROLE RUCKERT	7 rue Saint Dominique	= Add
		Paris, France 75007	□Remove
			Change
			□Add Add Remove
· · · · · · · · · · · · · · · · · · ·			Change — Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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	Effective date, if other than the date of filing:	•								
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	Effective date, if other than the date of filing:								-	2 5
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~ (·)	Effective date, if other than the date of filing:									_
	Effective date, if other than the date of filing:						•			••
	fan 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 a document's effective date on the Department of State's records. The 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 red is filed. Dated									
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	Dated	f an offective date <u>Note:</u> If the dat	ettve trate on the there	ument of 2	mie s recwas.					
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 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 distilled.	Signature of a member or authorized representative of a member	f an effective date Note: If the dat document's effe e record specific d is filed.	es a delayed effective d	late, but not		me, at 12:01 a	i.m. on the ear	lier of: (b)		
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Filing Fee: \$25.00