

K18 000041262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

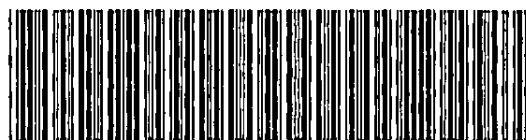
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

MAY 13 2022

Office Use Only



200385525582

04/11/22--01059--021 \*\*75.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 11 AM 10:33

FILED

Michael J. Perkinson  
Attorney  
Direct: (513) 652-0182  
mjp@perkinsonlegal.com



PerkinsonLegal  
BUSINESS & PERSONAL COUNSEL

April 7, 2022

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Sent via overnight courier

RE: 98 Buck Social, LLC and assumed name, 98 Buck Social

Dear Sirs:

Please find enclosed Articles of Amendment to Articles of Organization of 98 Buck Social, LLC changing its name to Drysdale Capital, LLC. Additionally enclosed is an Application for Registration of Fictitious Name to register the assumed name 98 Buck Social.

Please file the Articles of Amendment first with the Application for Registration of Fictitious Name to follow.

Enclosed is a company check in the amount of \$75.00 as payment to file each of the documents.

Please let us know if you have any questions or need further information.

Sincerely,

Angela Walker

Paralegal

817-713-9062

adw@perkinsonlegal.com

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 98 Buck Social, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Heuwetter  
\_\_\_\_\_  
Name of Person

98 Buck Social, LLC  
\_\_\_\_\_  
Firm/Company

6223 Foster Street  
\_\_\_\_\_  
Address

Jupiter, Florida 33458  
\_\_\_\_\_  
City/State and Zip Code

cheuwetter@icloud.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Christopher Heuwetter  
\_\_\_\_\_  
Name of Person

561 617-6177  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime 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 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 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**

**FILED**

98 Buck Social LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 APR 11 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on February 15, 2018 and assigned Florida document number L18000041262

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Drysdale Capital, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

