

M100000003751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

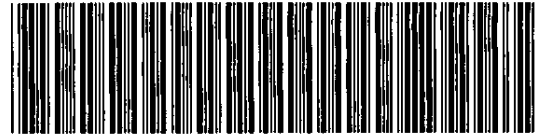
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
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Office Use Only



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2017 FEB 28 A 11: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE  
MAR 01 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 FEB -6 PM 4:07  
TALLAHASSEE, FLORIDA

January 25, 2017

MARVIN SAMEL  
2200 CORPORATE BLVD NW, SUITE 405  
BOCA RATON, FL 33431

SUBJECT: DREW ESTATE TRADING COMPANY LLC  
Ref. Number: M10000003751

We have received your document for DREW ESTATE TRADING COMPANY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 117A00001519

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEAD MAN WALKING, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARVIN SAMEL  
Name of Person

2200 CORPORATE BLVD NW  
Firm/Company

SUITE 405  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

TERESA@DELAROSACPAFIRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA DE LA ROSA, CPA at (305) 385-1099  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**FILED**  
 2017 FEB 29 A 11:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DREW ESTATE TRADING COMPANY, LLC

Enter new principal office address, if applicable: 2200 CORPORATE BLVD NW

*(Principal office address*

*MUST BE A STREET ADDRESS)*

SUITE 405

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

*(Mailing address*

*MAY BE A POST OFFICE BOX)*

2200 CORPORATE BLVD NW

SUITE 405

BOCA RATON, FL 33431

2. The Florida document number of this limited liability company is: M10000003751

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 9/3/2009

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TALLAHASSEE, FLORIDA  
2017 FEB 28 A 11 14

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**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: DEAD MAN WALKING, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

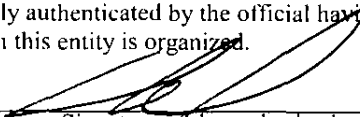
<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2017 FEB 28 A 15:15

FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

**MARVIN SAMEL, CFO**

\_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DREW ESTATE TRADING COMPANY LLC", CHANGING ITS NAME FROM "DREW ESTATE TRADING COMPANY LLC" TO "DEAD MAN WALKING LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014, AT 11:02 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

4860657 8100  
SR# 20170910863

Authentication: 202065736  
Date: 02-20-17

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:16 AM 11/26/2014  
FILED 11:02 AM 11/26/2014  
SRV 141460187 - 4860657 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Drew Estate Trading Company LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is:  
Dead Man Walking LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26<sup>th</sup> day of November, A.D. 2014.

By:   
Authorized Person(s)

Name: Marvin Samel  
Print or Type