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## **COVER LETTER**

Division of Corpor	ations			
SUBJECT: DRIVE CON	ISTRUCTION LLC			
SUBJECT.		ted Liability Company	•	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
•	Nicole Pearl, Esq.			
		Name of Person		
	Pearl & Associates Law,	D A		
	Feati & Associates Law,	Firm/Company		
	1172 S. Dixie Highway #1			
		Address		
	Coral Gables, FL 33146			
	Gorar Gables, 1 E 33140	City/State and Zip Code		
_	E-mail address: (t	o be used for future annual rep	ort notification)	
For further information conce	erning this matter, please ca	ıll:		
Name of Per	rson	at () Area Code	Daytime Telephone Number	
tune of re-	3011	Titel Code	Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
图 \$25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

MAILING ADDRESS:

Registration Section

TO:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIVE CONSTRUCTION LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on _	02/12/2016	and assigned
Florida document number <u>L16000030562</u>			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company ł	nere:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:		n our records, <u>ente</u>	r the name of the r
			\$125 do 100
New Registered Office Address:	Enter Flo	orida street address	
_	City	, Florida _	The state of the s
New Registered Agent's Signature, if changing Registe	•		Zip Cuas

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
MGR	Arlyn Vazquez	500 S Dixie Highway, Suite 305	Add
		Coral Gables, FL 33146	<b>⊠</b> Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
		<u>.</u>	□ Remove
			☐ Change
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effective date is listed, e: If the date inserte	r than the date of fili the date must be specific a ed in this block does not te on the Department of	and cannot be prior t meet the applic	able statutory fil	more than 90 days af	<b>stional)</b> ter filing.) Pursuan his date will not	t to 605.0 be listed
	a delayed effective or the record is filed		t an effective	time, at 12:01	a.m. on the	earlier
ed	June 28	_ , _2017	<u> </u>			
		OD)				
		YYY.				

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Filing Fee: \$25.00