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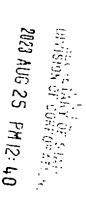
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(Re	equestors Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	
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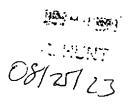
Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Cor	porations					
Dririte Buil	ding Partners, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Gilbert L'Hommedieu					
		Name of Person				
		Firm/Company				
	Post Office Box 771503	Post Office Box 771503				
		Address	2023 AUG 25			
	Winter Garden, Florida 34	777-1503				
	110/200	City/State and Zip Code	PH 12: 40			
	gsl1962@gmail.com	to be used for future annual report noti	fication) 6			
For further information c	oncerning this matter, please co	·				
Gilbert L'Hommedieu	c .					
Name o	f Person	at () Area Code Daytim	ne Telephone Number			
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIRITE BUILDING PARTNERS, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)	
The Articles of Organization for this Limited Liability Company w Florida document number L05000010762	ere filed on January 24,	2005 and assigne	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
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)			
		2028 AUG	DINISION OF
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>ح</u> ــــــــــــــــــــــــــــــــــــ	<u> </u>
		<u> </u>	- 유명 - 요기
		<u>-</u>	112
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the newre	gistere
Name of New Registered Agent:			
New Registered Office Address:			
The Windstea Office Madress.	Enter Florida street a	ddress	
		_, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my dutic	s, and I am familiar with ar	nd

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	PATI L'HOMMEDIEU	P.O. Box 771503	□ Add
		Winter Garden, FL 34777-1503	≡ Remove
			Change
	 		□Add
			□Remove
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ective date, if other than the distribution affective date is listed, the date must	ate of filing:	En adoue des	egi	optio	nal)	VE VJV.
te: If the date inserted in this bloo	k does not meet the	e applicable sta				
cument's effective date on the Dep	artment of State's	records.				
cord specifies a delayed effective s filed.	date, but not an effe	ective time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
a meu.						
ed August 24	202	3				
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	/7i	. –/				

Filing Fee: \$25.00