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D. BRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 2003	Name of Limited Liability Company	LC
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
<del>_</del> <del></del>	Adrience S. K.	lein
	Trure Realty Gr.	oupLIC
	11 Lincoln Road, Si	ute 400
M	iami Beach FZ 33 City/State and Zip Code	139
	TO @ azuvemami not E-mail address: (to be used for future annual report no	otification)
For further information concerning this	matter, please call:	
Adrienne Kleis	at (786) 208 - 3	7004
Name of Person  Enclosed is a check for the following as		time Telephone Number A 25 NOV 22 NOV 22
\$25.00 Filing Fee \$30.00 F Certifi	iling Fee & U\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

### MAILING ADDRESS:

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 Rell	eltu Groves LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on oda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit	· · · · · · · · · · · · · · · · · · ·	9,005 and assigned
This amendment is submitted to amend the following	z;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	_
Enter new principal offices address, if applicable:		2813
(Principal office address MUST BE A STREET AL	DDRESS)	NOV PARTY NOV 2
Enternance weiting address if applicables		See P. T.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our r	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fi	orida 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = M	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			-
<del></del>			Add
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		<del> </del>	Remove
			Add
			Remove
			Remove

D, If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Currently law listed as CEO.
	Currently law listed as CEO.  title needs to change to : MGP:
Dated _	Hovember 19, 2013.
	Aluence S. Kleen
	Signature of a member or authorized representative of a member
	Advienne S. Klein
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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