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SECKE LANGE OF STATE
FALLAHASSEE, FLORIO

D. BRUCE

AUG 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: The	Drexet Warren Group, LLC (Name of Limited Liability Company)			
The enclosed Articles	of Amendment and fee(s) are submitted for filing.			
Please return all corres	pondence concerning this matter to the following:			
	Joseph Rush (Name of Person)			
	The Dritel Warren Group, LLC (Firm/Company)			
	4400 Northeorp Phwy	SECTO	OB AUG	
	(Address)	NS.	3	स्य स्थापन स्थापन
	Palm Beach Gardens, FL 33410		III.	
For further information	(City/State and Zip Code) concerning this matter, please call:	STATE FLORIDA	AH IQ: 58	- Control of the Cont
Joseph "		<u>.</u>		
\ (Nam	(Area Code & Daytime Telephone Number	r)		
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified (additional copy is enclosed)	te of Sta	atus &	

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**

The Dead House Co

The Drexet way			
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our re la Limited Liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability Florida document number <u>LOSDOOQ84</u>		18, 2008 and assigned	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
<u> </u>		TAL 38	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the de		
Enter new principal offices address, if applicable:		SS2 - 1	
(Principal office address MUST BE A STREET AD	DRESS)		
		10: 58 51/17: 5	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
		Florida	
	(City)	(Zip Code)	
New Peristered Agent's Signature if changing Perists	ored 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 = Man MGRM = Ma	ager anaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGR	Joseph J. Rush	4400 Northcost PKWy Palm Bruch Gardenk FL J 23410	Add Remove
 .			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,)
		TALLAHASSE	SEW 21
Dated	August 18, 200	E. FLORIDA	AH 10: 58
-	Joseph J. T	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00