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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: TECHNOLOGY DRIVE DEVELOPMENT, LLC Name of Limited Liability Company
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following:
	BARBARA JO MILLER Name of Person
	TECHNOLOGY DRIVE DEVELOPMENT, LLC Firm/Company
	112A INDUSTRIAL BLVD Address
	PENSA COLA FL 32505 City/State and Zip Code
For furthe	TOE @ Dhp A 7A LOG . COM E-mail address: (to be used for future arinual report notification) er information concerning this matter, please call:
-20 <u>L</u>	eph Milia at (850) 465-0263 Name of Person Area Code & Daytime Telephone Number
	is a check for the following amount: 0 Filing Fee \$\Bigcup \frac{30.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}} \Bigcup \frac{\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}}
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIVE DEVELOPMENT TECHNOLOGY (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April Florida document number <u>L080000</u> 35563 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** MGR LEUNAR D J MILLER ☐ Add Remove Add 🔲 Remove ☐ Add Remove Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member BARBARA TO MILLER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00