L08000036527

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Pfloffe #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF CORPORATIONS
08 MAY 27 PM 2: 11

J. BRYAN

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EXAMINER

COVER LETTER

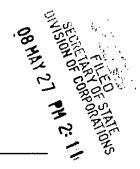
TO: Registration Secti Division of Corpo		
SUBJECT: DR	BA LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	SEC
	David Weiner (Name of Person)	SE SE CONTROL
•	DRBA LLC (Firm/Company)	F STATEM
		— 0'
	3610 Yacht Club Dr. #516 (Address) Miami, FL 33180 (City/State and Zip Code)	ورده مستحد ودوا
For further information conc	cerning this matter, please call:	
_	Weiner at (786) 261-4640 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee)	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	•

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



Liability Company as it now appears on our records.)
Florida Limited Liability Company) Florida document number 1 0800036527 This amendment is submitted to amend the following: 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) Same as above 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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
thuri na			Add Remove
			Add Remove
	<u>.</u>		Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	DIVISION O
Dated	1/20/08	ξ,	TLED STATE CORPORATIONS
	David W.	per of authorized representative of a member (i) N e V ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00