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Office Use Only



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TALL MALESTEE FLORIDA

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B. KOHR

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**EXAMINER** (

## CORPORATE ACCESS,

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P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	F AMENDMENT TO ORGANIZATION OF  Dany as it now appears on our records.	: 50
	OF Management	
·	d Liability Company)	ís.
The Articles of Organization for this Limited Liability Compa		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
DRIVING Emotio	NS LLC	
	imited Liability Company," the designation "LLC" or the abbreviation	on
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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new	W
Name of New Registered Agent:	•	
New Registered Office Address:		
THE AMERICAN CONTRACTOR OF THE PARTY OF THE	(Enter Florida 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.

MGR = Manager

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:

MCRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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D. If amend	ing any other information, enter chang	ge(s) here: (Altach udditional sheets, if necessary.)	_			
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Dated	Signature of a member	or supported representative of a member				
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Filing Fee: \$25.00