# L08000105179

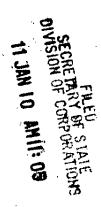
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#### **COVER LETTER**

то: .	Registration Section Division of Corporations
SUBJ	ECT: Drick and Fire LLC  Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	BJECT: Drick and Fift LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:    Dobson   Name of Person
	1621 S Orange Aves
	Orlando Fl 32806 City/State and Zip Code
	John & Brick and fire, Com  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
<u></u>	John Dolo Son at (407) 496-7234  Name of Person Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
<b>⊠\$</b> 2	Certificate of Status Certified Copy 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

### ТО

SECRETARY OF STATE

## ARTICLES OF ORGANIZATION

	U	'F	LI SAN IO	AMIT: 09
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appear	s on our records.)	
The Articles of Organization for this Limited Li-	ability Company	were filed on 🚺	/12/200	8 and assigned
Florida document number <u>L0800010</u>			·	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Lim	ited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	4		
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	- <del></del> -	·	
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, enter	the name of the new
Name of New Registered Agent:	John	Dobse		
New Registered Office Address:	1621	5 0 rc	ter Florida street ad	V Cldress
	orla	City	, Florida _	32806 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 Changing Registered Agent, Signature of New Registered Agent

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 = Mai MGRM = M	Sanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
MGR	Jahn Dobson	Winterbarden Fl, 34	Add Remove
76 K	Budrock PAAKLLC	142 woodbrry fires cir	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
			TI JAN 10 I
 Dated	· ,		ORPORATIONS  AN IN OB
	Jana O	r or authorized representative of a member	

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Filing Fee: \$25.00