## L09000042962

Office Use Only



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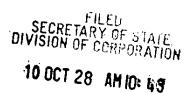
## **COVER LETTER**

| то:                                  | Registration Section<br>Division of Corpor   |   |   |                          |  |
|--------------------------------------|--|---|---|--------------------------|--|
| CLIPA                                | · ::   | DRF BU  | ILDERS L.L.C.   |                          |  |
| SUBJI                                | ECT:   |   | ted Liability Company                                     |                          | <del></del>  |
|                                      |  | endment and fee(s) are sub                      | -   |                          |  |
| 110450                               | Totali ali collesponde   |   |   |                          |  |
|                                      | -  |   | DAVID FREDERICKS  | )<br>                    | <del></del>  |
|                                      |  |   | Name of Person  |                          |  |
|                                      |  |   | DRF BUILDERS  |                          |  |
| Firm/Compa                           |  |   |   | <del> </del>             |  |
| 755 Grand Blvd STE. B105-317 Address |  |   |   |                          |  |
|                                      |  |   |   |                          | <del></del>  |
|                                      |  | MIRA  | AMAR BEACH FL. 32   | 550                      |  |
|                                      |  |   | City/State and Zip Code                                   |                          | <u> </u>   |
|                                      | davidrfredericks@gmail.com  E-mail address: (to be used for future annual report notification) |   |   |                          | ······································                                     |
| For fu                               | rther information conc   | erning this matter, please c                    | all:  |                          |  |
|                                      | David  | Fredericks                                      | at ( 850 )  | 502-7900                 |  |
| Name of Person                       |  | Area Code &                                     | Daytime Telephone Nur                                     | nber                     |  |
| Enclos                               | sed is a check for the f   | ollowing amount:                                |   |                          |  |
| \$2:                                 | 5.00 Filing Fee  | []\$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is e | Certi<br>enclosed) Certi | Filing Fee,<br>ficate of Status &<br>fied Copy<br>tional copy is enclosed) |
| MAILING ADDRESS:                     |  | STREET/COURIER ADDRESS:                         |   |                          |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| DRF BI<br>(Name of the Limited Liability C<br>(A Florida Lin   | UILDER L.L.C<br>Company as it now appea<br>nited Liability Company) | rs on our records.)                          |                          |  |
|--|---|--|--------------------------|--|
| The Articles of Organization for this Limited Liability Con Florida document number L09000042962     | npany were filed on   | 05/09/2009                                   | and assigned             |  |
| This amendment is submitted to amend the following:  |   |  |                          |  |
| A. If amending name, enter the new name of the limite  | d liability company he  | <u>re</u> :                                  |                          |  |
|  | N/A   |  |                          |  |
| The new name must be distinguishable and end with the words "L.L.C."                                 | "Limited Liability Comp   | any," the designation "L                     | .LC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  | N/A   |  |                          |  |
| (Principal office address MUST BE A STREET ADDRE   | <u>SS)</u>  |  |                          |  |
| Enter new mailing address, if applicable:  | N/A   |  |                          |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |                          |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address |   | our records, <u>enter t</u>                  | he name of the new       |  |
| Name of New Registered Agent: N/A  |   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                          |  |
| New Registered Office Address:   |   |  |                          |  |
|  | Er  | 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.

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title Address** <u>Name</u> **MGRM** MEYER, PETER A 35 BLUE BAYOU DR ☐ Add SANTA ROSA BEACH FL 32459 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏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 REDERICKS Typed or printed name of signee

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Filing Fee: \$25.00