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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FIRST DRMS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurice Costa, Esq.

Name of Person

Costa & Associates, PA

Firm/Company

6843 Main St Ste 302

Address

Miami LAKes FL 33014

City/State and Zip Code

maurice@costalawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurice Costa

Name of Person

at (**305**) **8270100**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

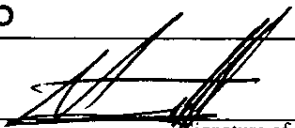
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mitchel Sabina	7767 NW 146 Street	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
AMBR	Alberto Sosa Contreras	7767 NW 146 Street	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

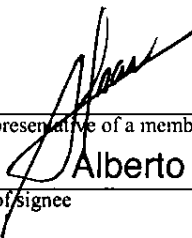
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/25, 2014



Signature of a member or authorized representative of a member

Mitchel Sabina



Alberto Sosa Contreras

Typed or printed name of signee