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MAY 2 0 2014 T. BROMAN

COVER LETTER

•	CO VER EET	EK
TO: Registration Section Division of Corporations		
* FIRST DRMS LL	C	
	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Mouries Co	oto Fos	
Maurice Co	<u> </u>	
_	Name of Person	
Costa & Ass	sociates, F	PA
1	Firm/Company	
6843 Main 9	St Ste 302	
	Address	
Miami LAke	es FL 3301	4
	City/State and Zip C	ode
maurice@costal	-	
	(to be used for future an	nual report notification)
For further information concerning this matter, please	call:	
Maurice Costa	_{at (} 305)	8270100
Name of Person	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

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

FIRST DRMS, LLC

1	,	is.
ARTICLES OF A	AMENDMENT ORGANIZATION Exast now appears on our records. ability Company)	
TO		,
· ARTICLES OF OF	RGANIZATION	Δ.
OF	41, 19 m	10
	AHAOR O	y _
FIRST DRMS, LLC		<i>i</i> .0
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	12.
	40/40/0000	
The Articles of Organization for this Limited Liability Company w	were filed on 10/19/2009 and ass	ighed
Florida document number L0900077199	•	
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "I	.L.C."
Futou ware main sixel officer address if a malicular		
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 offi	ice 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:		
N. B		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	
	z., 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 605, 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 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>	Address	Type of Action
MGRM	Mitchel Sabina	7767 NW 146 Street	
		Miami Lakes, FL 33014	■ Remove
AMBR	Alberto Sosa Contreras	7767 NW 146 Street	■ Add
		Miami Lakes, FL 3301	4 □ Remove
			□ Add
			Remove
			Add
			□ Remove
			Add
			Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	🗖 Remove

. If amending any other information, enter change(s) he	ere: (Attach additional sheels, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after
Dated 04/25 2014	
All Marian	A Paral
Mitchel Sabina	Alberto Sosa Contreras
Typed or pr	inted name of signee

Page 3 of 3

Filing Fee: \$25.00