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| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL. | |
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C. LEWIS NOV 1 0 2010 EXAMINER

COVER LETTER

Division of Corporations DRV ACQUISITIONS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HARVEY H. HARLING Name of Person LAW OFFICES OF HARVEY H. HARLING Firm/Company 2000 GLADES ROAD - SUITE 110 BOCA RATON, FL 33431 City/State and Zip Code HARLINGLAW@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HARVEY H. HARLING Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee

TO: Registration Section

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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| | • | | ******* |
|---|---|----------------------------|-------------------------------------|
| D | RV ACQUISITIONS, LLC | SEU | RETARY OF STATE AHASSEE, FLORIDA |
| (Name of the Limite | d Liability Company as it now appears A Florida Limited Liability Company) | on our records. | ADMITTE CO. |
| (| A Florida Ellined Elabinty Company) | | |
| The Articles of Organization for this Limited I | iability Company were filed on | 03/04/2010 | and assigned |
| Florida document number L1000002 | 7955 | | |
| | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability company here | : | |
| | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability Compan | y," the designation " | LLC" or the abbreviation |
| L.L.C. | | | |
| Enter new principal offices address, if appli- | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| | | | |
| B. If amending the registered agent and | | ır records, <u>enter t</u> | the name of the new |
| registered agent and/or the new registered o | ffice address here: | | |
| | | | |
| Name of New Registered Agent: | HARVEY H. HARLING | | |
| New Registered Office Address: | 2000 GLADES ROAD SUIT | E 110 | |
| | Ente | er Florida street add | Iress |
| | BOCA RATON | . Florida | 33431 |
| | 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 <u>Title</u> Name **Address** Type of Action ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The following property is added and held: MORGAN STANLEY/SMITH BARNEY ACCOUNT # 487-047747-073 CHARLES SCHWAB ACCOUNT # 9096-8405, David Robert Vogel, Trustee ≥ CHARLES SCHWAB ACCOUNT # 9096-8401, fbo David Robert Vogel, IRA LINCOLN NATIONAL LIFE Policy # 0005856822 Signature of a member or authorized representative of a member

DAVID ROBERT Voge!

Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00

ADDITIONAL SHEET

AMENDMENTS to DRV ACQUISITIONS, LLC Document No.: L1000027955

The following property is added and held:

All Insurance Policies titled in the name of David R. Vogel, including the following:

STATE FARM CREDIT LIFE INSURANCE Account fbo David R. Vogel

.BRIGHTSTAR CREDIT UNION - Account fbo David R. Vogel

NASSAU COUNTY (NY) TEACHER'S CREDIT UNION, Account fbo David R. Vogel

SAVINGS BANK LIFE INSURANCE Account fbo David R. Vogel

JEWELRY owned by David R. Vogel