L12000070472

(Red	questor's Name)				
(Add	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nam	ne)			
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(Do	cument Number)				
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12 JUN - 1 AM II: 51
SECRETARY OF STATE

C. LEWIS

JUN -4 2012

EXAMINER

* ,		COVER LETTER			
TO: Registration Section Division of Corpo	on				
SUBJECT:	DRS2 E	Enterprise LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		Odijas Caminha	<u> </u>		
		Name of Person			
	DRS2 Enterprise LLC				
		Firm/Company			
	1239 E N	lewport Center Drive	Ste 106		
		Address			
	Dec	erfield Beach, FL 334	42		
		City/State and Zip Code			
	E-mail address: (gc@ogcfinancial.com to be used for future annual rep	ort notification)		
For further information con	cerning this matter, please c	all:			
	s Caminha	at (_954_)	449-0716		
Name of P	erson	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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Division of Clifton Bui	Corporations Iding tive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN-1 AMII: 54

SECRETARY OF STATE

DRS	2 Enterprise LLC	TALI ANA	I OF STATE
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.	TOF SIATE
The Articles of Organization for this Limited Liability Florida document numberL12000070472	Company were filed on	05/25/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
<u>-</u>	E	nter Florida street ad	dress
		, Florida	

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.

City

Zip Code

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 Title Name <u>Address</u> Type of Action **MGRM** Rejane S Lima 1239 E Newport Center Drive Ste 106 Deerfield Beach FL 33442 ☐ Add ✓ Remove Rejane S Souza MGRM Deerfield Beach FL 33442 Remove ☐ Add Remove Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May, 25 Dated ___ Signature of a member or authorized representative of a member Dalton C Souza Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00