

L12000085525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300311674113

04/13/18--01011--025 **30.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 19 AM 9:51

N COOPER

APR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRI, 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:

Laleen Diane Waller
Name of Person

DRI, LLC
Firm/Company

8052 Olive Brook Drive
Address

Wesley Chapel, FL 33545
City/State and Zip Code

DRI Waller and Woods@Outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laleen Diane Waller at (818) 519-0186
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

DBI, LLC

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 19 AM 9:55

The Articles of Organization for this Limited Liability Company were filed on June 29, 2012 and assigned
Florida document number L12000085525

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8052 Olive Brook Drive
Wesley Chapel, FL 33545

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8052 Olive Brook Drive
Wesley Chapel, FL 33545

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

8052 Olive Brook Drive
Enter Florida street address
Wesley Chapel, Florida 33545
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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
Vice President	David J. Waller	8052 Olive Brook Drive	<input type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
President	Laleen Diane Waller	8052 Olive Brook Drive	<input type="checkbox"/> Add
		Wesley Chapel, FL 33545	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED
18 APR 19 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 15, 2018, _____.

Laleen Diane Waller
Signature of a member or authorized representative of a member

Laleen Diane Waller
Typed or printed name of signee