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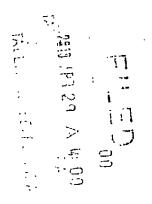
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## **COVER LETTER**

TO: Registration Se Division of Cor					
DRT Vento	ures, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fce(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Frank Silcox				
		Name of Person			
	<del></del>	Firm/Company			
	315 S Plant Avenue			7	
		Address	,		Ñ
	Tampa, FL 33606	City/State and Zip Code	· ·	· · · · · · · · · · · · · · · · · · ·	1
		• • •			
For further information of	E-mail address: (i concerning this matter, please ca	to be used for future annual report notif	ication)	N ₩ 00	
Frank Silcox	oncerning and matter, prease to	813 760-2255 at ( )		; O	
Name (	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

DRT Ventures, LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I		anuary 14, 2013 and assigned
Florida document number L13000006926	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		29
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		~ ~ ~
		7 > 13
B. If amending the registered agent and	d/or registered office address o	n our records, enter the name of the ne
registered agent and/or the new registered (	omce address nere:	· . 00
Name of Nam Desistered Assets	Jason Sampson	7-
Name of New Registered Agent:		
New Registered Office Address:	315 S Plant Ave	orida street address
	Enter Flo	
	Tampa	Florida 33606
	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.

I Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Type of Action
MGR	Frank Silcox	315 S Plant Ave	
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			Add
			☐ Remove
			☐ Change
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scument's enective date on the De	partificiti of State	e s records.					
record specifies a delayed The 90th day after the reco		e, but not	an effectiv	e time, at 12	?:01 a.m. o	n the ear	lie
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Frank.	lled	nhar as autho	'ad ropentan'n	ive of a member	<u></u>		

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Filing Fee: \$25.00