413000086144

Office Use Only



06/16/14--01046--007 **25.00

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: DRM F	Real Estate Group, LLC		
	Name of Limited Liability Company		
	nendment and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
	Michael Forbes		
	Name of Person		
	DRM Real Estate Group, LLC		
	Firm/Company		
	2410 Embassy Drive	2814 JBW 16	, ت
	Address	表見	
	wpb,FI 33401	F 77	[]
	City/State and Zip Code		
	drmreg@gmail.com	#1 00	*•
	E-mail address: (to be used for future annual report notification)	4" 0	
For further information con	cerning this matter, please call:		
Michael Forb	oes at 561 315-1419		
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 & □ \$55 00 Filing Fee & □ \$60 00 Filing	p Fee	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRM Real Estate Group, I		
(Name of the Limit	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Life Florida document number L13000086144		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
n/a		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		2814
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and	or registered office address on our recor	ds enter the name of the new
registered agent and/or the new registered of	fice address here:	8
Name of New Registered Agent:	n/a	
New Registered Office Address:		
	Enter Florida street addr	ess
•		Florida
	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 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> Name **Address Type of Action** Rendel Forbes 2410 Embassy Drive mgr □ Add wpb, fl 33401 **■** Remove **Dahlia Forbes** 2410 Embassy Drive mgr wpb, fl, 33401 ☐ Remove ☐ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	n/a
	
(The ef	retive date, if other than the date of filing:
Date	_d 6/1/2014
	Mulli
	Michael Forbes
	Typed or printed name of ciange

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Filing Fee: \$25.00