L130000 91612

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
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2013 JUL 30 PN 2: 44
SECHETARY OF STATE
LALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DREF	P, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	QIAN WEN		
		Name of Person	
		Firm/Company	
	8117 NW 33	RD STREET	
		Address	
	MIAMI, FL 3	3122	
	jwenlaw@gmail.co	City/State and Zip Code	
		o be used for future annual report notification	on)
For further information co	oncerning this matter, please ca	all:	
Qian Wen		at 786 5481880	l
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e 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 ARTICLES OF ORGANIZATION SECRETARY OF STATE TALL AHASSEE, FLORIDA TO

FILED 2013 JUL 30 PH 2: 44

DREP, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000091612	were filed on 06/26/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8117 NW 33RD STRE	ET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33122	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8117 NW 33RD STRE MIAMI, FL 33122	ET
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stre	et address
	, Floric	da
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	QIAN WEN	8117 NW 33RD STREET	
		MIAMI FL 33122	Remove
			_
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove
			_ Add
			Remove
			_

D. If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
Dated JULY 24	, 2013
	2must
	Signature of a member or authorized representative of a member
QIAN \	WEN
	Typed or printed name of signee

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Filing Fee: \$25.00

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