Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004384563)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 Phone : (305)895-5815 Fax Number : (305)895-6273

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRIVE ELECTRIC LLC

> Certificate of Status Certified Copy 0 05 Page Count Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

H 21000 438 456 3

Division of Co	rporations		
	LECTRIC LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The anclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
		_	
Please return all correspondence	ondence concerning this matter	to the following:	:
	Davita Syfert		
		Name of Person	<u> </u>
	Kim Marks CPA, P.A.		
	··· · · · · · · · · · · · · · · · · ·	Firm/Company	 i
	2136 NE 123rd St		į
		Address	<u> </u>
	North Miami FL 33181		j i
		City/State and Zip Code	 ;
	kimmarks@kimmarkscpa.c	om	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all;	
Davita Syfert		305 895-5815 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	_		
■ \$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)
			Ì
Mailing Address:		Street Address:	
Registration Section		Registration Sec	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			-
Tallahassee,			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIVE ELECTRIC LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company))
he Articles of Organization for this Limited L	iability Company	were filed on 12/27/2013	and assigned
lorida document number L13000177215	·		
his amendment is submitted to amend the foll	owing:		ļ
. If amending name, enter the new name o	f the <u>limited liab</u>	ility company here:	ļ
hinkCom LLC			1
e new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		1951 NW 7th Ave., Ste. 600	
		Miami, FL 33136	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1951 NW 7th Ave., Ste. 600 Miami, FL 33136	
. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:	Kim Marks CP	A, P.A.	<u> </u>
New Registered Office Address:	2136 NE 123rd		SE C FE
	North Miami	Enter Florida street address , Flor	rida 3318 11 5
		City	Ho Code &

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.

New Registered Agent's Signature, if changing Registered Agent:

H 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:

H 21000 438 466 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		·	□Add
			□Remove
			! □Change
			□Add
			□Remove
			Change
		/	□Remove
		 	☐ Change
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		<u> </u>	1
Effective date, if other than	the date of filing:	(option	al)
Note: If the date inserted in th	must be specific and cannot be prior to date of filings block does not meet the applicable statutory a Department of State's records.		
e record specifies a delayed effi	ective date, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
ord is filed.	,	di	2
Dated Dec /	, 2021		FILE ZRI CC - I SECKLIARY ALL AHASSE
On	~~		FILED AHASSEE.
	Signature of a member or authorized represen	ntative of a member	<u> </u>
OREN	JEHEZULY VAPED OF printed name of sig		K 3: 3
	ped or printed name of sig	nee	<u> </u>