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(R	equestor's Name)	• • • • • • • • • • • • • • • • • • • •		
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K. SALY EXAMMER

JUL 1 4 2014

## **COVER LETTER**

TO: Registration Sec Division of Corp		
MKT I	by DRIM LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Alessandra Veloso	
	Name of Person	
	Drim Solutions	
	Firm/Company	
	6220 S. Orange Blossom Trl, Ste110	
	Address	
	Orlando, FL 32809	
	City/State and Zip Code	
	newbusiness@drimsolutions.com  E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Alessandra	Veloso 407, 544-3244	
Name of	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
■ \$25.00 Filing Fee	□ \$30.60 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED
2014 JUL 14 PM 4: 43
TALLAHASSEE, FI ORION

MKT by DRIM LLC

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

The Articles of Organization for this Limited I	Liability Comp	oany were filed on 07/08/2014	and assigned
Florida document number <u>L1400010796</u>			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and end with the	e words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRES	<u></u>	
			<u> </u>
Enter new mailing address, if applicable:		N/A	
	E BOV	<u> </u>	MARKY CO
(Mailing address MAY BE A POST OFFICE	<u>: BUX)</u>		
		<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of	•		s, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
•		Enter Florida street address	s
		, Fic	orida
		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 **Type of Action Address Title** Name 1 1139 Savannah Landing \_ Add ALINE LEME MGRM Cir, Orlando, FL 32832 \_□ Add \_\_\_\_ Add ☐ Remove □ Add ☐ Remove \_□ Add \_□ Add \_□ Remove

. If amending any other information N/A	, enter change(s) here: (Attach addi	itional sheets, if necessary.)
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida		(optional) ot be more than 90 days after
Dated JULY 9th	2014	
Al	Eikloso	
Alessandra E.	nature of a member or authorized representation Veloso	
Alessandra E.	Veloso  Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00