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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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ECRETARY OF STATE

K. SALY MAR 20 2018

COVER LETTER

TO: Registration S Division of Co		•	
DR PREN			
SOBICET.		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rodgam Rodriguez		
		Name of Person	
	DR PRENEUR LLC		
		Firm/Company	
	21743 SW Citrus Blvd		
		Address	
	Indiantown FL 34956		
		City/State and Zip Code	
	rodgamr@gmail.com E-mail address: (to be used for future annual report notifi	ication)
For further information (concerning this matter, please co	·	
Damarys Rojas		786 3178890 at ()	
Name (of Person	Area Code Daytime	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 tadditional 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 TO ARTICLES OF ORGANIZATION **OF**

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SECRETARY OF STATE

DR PRENEUR LLC

· · · · ·	orida Emited Liability Company)	as.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 05-18-2015	and assigned
Florida document number L-15000087031		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	***	
		·
New Registered Office Address:	Enter Florida street addre	288
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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 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>	Address	Type of Action
MGR	Ernesto Diaz Castillo	14102 SW 55 St. Miami FL 33175	
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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605,0207 ling requirements, this date will not be listed as
ne record specifies a delay The 90th day after the re		e time, at 12:01 a.m. on the earlier of
Dated March, 14	2018	
	Delieur	
	Signatur a of a flumber of authorized representat	ive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00