L15000090162

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SLUANASSEE, FLORIDA

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COVER LETTER

· TO:

	ation Sec n of Corp			•
	'-DREW.	LLC		•
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		Tina Ekonomides		
		-	Name of Person	
			Firm/Company	
		791 Bayway Blvd.		
			Address	
			City/State and Zip Code	
		Clearwater, FL 33767	Chymnic and my code	
		E-mail address: ()	to be used for future annual report no	tification)
For further infor	mation co	oncerning this matter, please ca	all:	
Tina Ekonomide	es		727 409-9614 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a ch	eck for th	e following amount:		
■ \$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	g Address tration S		<u>Street Address:</u> Registration S	ection
Division of Corporations		Division of Co	orporations	
	Box 632' nassee, F	7 FL 32314	The Centre of 2415 N. Monr	t allahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PV-DREW, 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 Liability Company were filed on $\frac{05/21/2015}{1}$ Florida document number _L15000090162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Y Building 642, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/AName of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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>	Name	<u>Address</u>	Type of Action
	N/A		□Add
			□Remove
			□ Change
			□Add
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n effective date is listed, the date must lote: If the date inserted in this block	be specific and cannot be prior	r to date of filing or more cable statutory filing re	than 90 days after filing.)	Pursuant to 605.020 will not be listed a
cument's effective date on the Dep	partment of State's records			
record specifies a delayed. The 90th day after the recor		ot an effective tim	e, at 12:01 a.m. o	
The both day after the recoi	d 13 fried.			2022 MAT
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