L15000110090

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



400328445794

04/29/19--01011--002 **25.00

A Michael Sile

MÁY - 8 2019 I ALBRITTON

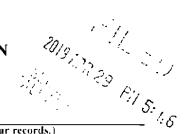
COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|---|---|
| CTID IPC'F. | DRIVESHA | AFT MIAMI, LLC | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | o the following: | |
| | (| CINDY MALAVE | |
| | | Name of Person | |
| | DRIV | ESHAFT MIAMI, LLC | |
| | - | Firm/Company | |
| | 72 | 265 NW 84TH AVE | |
| | | Address | |
| | MED | LEY, FLORIDA 33166 | |
| | | City/State and Zip Code | |
| | | aftmiamil@gmail.com o be used for future annual report not | ification) |
| For further information of | concerning this matter, please ca | · | (Treativity |
| CIN | DY MALAVE | at 1) | 539-0308 |
| Name o | nt Person | Area Code Daytin | ne 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 (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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DRIVESHAFT MIAMI, LLC

| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | ted Liability Company) | s on our records.) | | | |
|--|-----------------------------|--------------------------------|---------------------|--|--|
| The Articles of Organization for this Limited Liability Compa Florida document numberL15000110090 | any were filed on | 06/24/2015 | and assigned | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited li | iability company he | <u>re</u> : | | | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company." the de | esignation "LLC" or the ab | breviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | 7265 NW 84TH AVE | | | |
| (Principal office address MUST BE A STREET ADDRESS) |) | MIAMI, FL 33166 | | | |
| | | US | | | |
| Enter new mailing address, if applicable: | 10885 | 10885 NW 89TH TERRACE #104 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Doral, FL 33178 | | | | |
| | | US | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: | nere: CINE | DY MALAVE | | | |
| | 10885 NW 89TH TERRACE # 104 | | | | |
| New Registered Office Address: | | 1 | | | |
| New Registered Office Address: | | da street address , Florida | 33178 | | |

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.

gistered 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 | CINDY MALAVE | 10885 NW 89TH TERRACE #104 | ■ Add |
| | | DORAL, FL 33178 | □ Remove |
| | | US | Change |
| MGR | GIANNI POLIDORO | 117 NW 42ND AVE | □ Add |
| | | MIAMI, FL 33126 | Remove |
| | | US | □ Change |
| MGR | GUILLERMO R URBINA | 117 NW 42ND AVE | Add |
| | | MIAMI, FL 33126 | ■ Remove |
| | | US | □ Change |
| | | | Add |
| | | | 🗆 Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |
| | | | O Add |
| | | | □ Remove |
| | | | □ Change |

| | | | · · · · · | | | |
|----------------------------------|---|--|---|--|--|--|
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| f an effective o Note: If the | te, if other than the late is listed, the date must date inserted in this blo effective date on the De | be specific and can ock does not meet | mot be prior to date of the applicable sta | f filing or more than 90 autory filing requiren | (optional) days after filing.) Pursua tents, this date will no | ant to 605.0207 (of be listed as t |
| | specifies a delayed day after the reco | | e, but not an e | fective time, at | 12:01 a.m. on the | e earlier of: |
| Dated | APRIL 24 | • | 2019 | | | |
| | | Vodu W | Talave | | | |
| | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00