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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN O 6 2016 S. YOUNG

COVER LETTER

| | giștration Sect ision of Corpo | | | | |
|--------------------|-----------------------------------|---|---|---|-----------------|
| CUDIECT. | Drive On LLC | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| | | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspond | lence concerning this matter | to the following: | | |
| | | Nadya Usovich | | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | | |
| | | Gilman Ciocia | | | - 1 A Section 1 |
| | | | . | 5 E | |
| | | 2875 NE 191 Street Suite | | | 16 HAY 31 PM |
| | | | Address . | | - P. F. C. |
| | | Aventura, FL | | | 야 맛; |
| | | | City/State and Zip Code | | 52 |
| | | nadya.usovich@gtax.com | to be used for future annual report notific | ation N | |
| For further in | nformation cor | e-mail address: (| • | ation) | |
| Nadya Usov | rich | | 305 692-5204 at () | | |
| | Name of F | Person | | Telephone Number | • |
| Enclosed is a | a check for the | following amount: | | | |
| ■ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is | tatus & |

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**

| Drive On LLC | | |
|--|---|----------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | |
| | npany were filed on 04/13/2016 | and assigned |
| Florida document number L16000073585 | | |
| This amendment is submitted to amend the following: | ability company here: Ability company," the designation "LLC" or the abbreviation "L.L.C." A Company, "the designation "LLC" or the abbreviation "L.L.C." A Company here: A | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | 200 |
| (Principal office address MUST BE A STREET ADDRES | SS) | 5 |
| | | 三 第二 |
| | | ₩ 35.5° |
| Enter new mailing address, if applicable: | N/A | 2 Mac |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | र पूर्व |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | the name of the new |
| Name of New Registered Agent: | N/A | . |
| New Registered Office Address: | Enter Florida street address | |
| • | . Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Reg | gent: | |

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 manag | e, <u>ente</u> i | the title | , name | and | address o | of each | person | being | added |
|--|------------------|-----------|--------|-----|-----------|---------|--------|-------|-------|
| or removed from our records: | | | | | | | | | |

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|---------------------------|--|
| AMBR | Gil Elboim | 2624 Emerald Way N | □ Add |
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| ective date, if other than | the date of filip | n.a. | | (0 | ntianal\ | |
| n effective date is listed, the date. If the date inserted in the cument's effective date on the | e must be specific ar is block does not | nd cannot be prior meet the applic | to date of filing o able statutory fi | r more than 90 days a | ifter filing.) Pursuant | |
| record specifies a dela The 90th day after the | | | t an effectiv | e time, at 12:0 | $1 \; a.m. \; on \; the \; c$ | earlier o |
| ed May 26 | | 2016 | . 1 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00