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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WESLEY M. ROBINSON, P.A.
Account Number : 075512003036
Phone : (305)377-3352
Fax Number : ~~(305)377-1422~~ = (305) 357 7489

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wrobinson@wmrlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DRUMPLES PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: DRUMPLES PROPERTIES, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WESLEY M. ROBINSON, ESQ.

Name of Person

ROBINSON LAW FIRM

Firm/Company

80 SW 8TH STREET, SUITE 33130

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

WROBINSON@WMRLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASDIADÉ MARTINEZ

at (305) 377 3352

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	DEIRDRE L. TODD	80 SW. 8TH STREET, SUITE 3100	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SALLY L. CENDOYA	80 SW 8TH STREET, SUITE 3100	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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