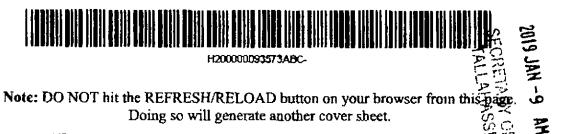
Note: Please print this page and use it as a cover sheet. Type the fax a idit number (shown below) on the top and bottom of all pages of the document.

(((H20000009357 3)))



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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-**597**3 Phone Fax Number ; (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRAFTPROS, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRAFTPROS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as It now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L16000109025	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	,
The new name must be distinguishable and contain the words 'Limited Lieb	line Company " the decimation 'S T	C" or the abbest of for "T. C"
•	inty Company, the designation LL	AR S
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		
	·····	
		FF S 5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:		
·	Enter Florida street addr	ESF .
	, E	Torlda
Non-Distance & Associate Characteristic Control of the Control of	•	εφ σωε
New Registered Agent's Signature, if changing Registered Agent	_	6 1
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, i provided for in Chapter 605	and I a.n familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

3052201440

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>Tltle</u>	<u>Name</u>	Address	Type of Action
AMBR	C-Com Investment, LLC	Po Box 7486	□Add
,		St. Petersburg, FL 33734	■Romove
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O'O'C 4	December 31, 2019	_		
Note:	tive date, if other than the date of filing: December 31, 2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.) ;-) Pursuant to : will not be	o 605.020 e listed as	7 (3 3 th
o recor rd is fl	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Tilled.	he 90th day	after the	
	12/30/ 2019			
Dated	, 2011.			
Dated				
Dated	Signature of a member or authorized representative of a member	· <u></u> -		

Filing Fee: \$25.00