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COVER LETTER

IO:	Registration Se Division of Cor		•	
SCBJE	CT:	DRIVE ME US	A LLC ited Unbiblity Company	
The enc	dosed Articles of	Amendment and fee(s) are sub	mitted for filing.	6, 5
Please i	eturn all correspo	ondence concerning this matter	to the following:	
		_ Michae	Rame of Person	-
		DRI V	E DE USA LLO	<u> </u>
		2020 PRAIR	IE AVE # 304	
			FL 33139 City State and 710 Code Feduc 75 Chotm to be used for future annual report notif	
For furt	ber information e	oncerning this matter, please ca	·	(Catholi)
<u> 11ie</u>	had LE	DUC_ TPerson	at (83L) 674 S Area Code Daytime	
^r nclose	ed is a check for th	ne following amount:		
KR. N25	(.00) Eiling 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:

IO:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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 DE USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida I innted Liability Company)

The Articles of Organization for this Limited Liability Company: Horida document number 116000125656	were filed on July 7 2016 and assigned
This amendment is submitted to amend the following:	
V. If amending name, enter the new name of the limited liabi	
One new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Liability or the new name must be distinguishable and contain the new name must be	ty Company," the designation "LTC" or the abbreviation "LTC."
Enter new principal offices address, if applicable:	2020 (RAIRIE AVC # 304
(Principal office address MUST BE A STREET ADDRESS)	MIADI BEACH, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
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 ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	lanager Authorized Member		
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The 90th	n day after	delayed effe the record is	s filed.					m. on the ea	arlier of:
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