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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:		AUDRIVE LLC nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	24/1 NAS. 12/15 A Cooper C David Ron	ROMER D JR Name of Person SAN DRIVE LL C Firm/Company (ATALIES COVE) Address thy Morion 3 City/State and Zip Code 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	2330 m	TALLAHASSEE, FLURION 15 NOV -8 PM 1: 29
For forther information		(to be used for future annual report noti	fication)	
	concerning this matter, please of Person	at (<u>954</u>) <u>817</u> Area Code Daytim	- 6/47 e 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 F Certificate of S Certified Copy (additional copy i	Status & y

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

24// NASSAU DRIVE 1/C.

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>4/600/6/579</u> .	y were filed on August 29, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12/15 NATALIES CONE ROAD COOPER City, 12 33330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Cooper City, Fr 333300
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	re:
Name of New Registered Agent: DAV!	is ROMERO TR 智語
New Registered Office Address: 12/1	S ROMERO JR 2005 ROMD Enter Florida street address
Coop	Enter Florida street address City, Florida 3 3 3 3 0 Zip 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 company has been notified in writing of this change.

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 **Title** <u>Name</u> **Address Type of Action** DAVIO ROMERO JR MGR Change ERIKA SASSER 2899 NW 49th Street MGR MIAMIN FLOYIDA 33/42 Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

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n effect te:	e date, if other than the date of filing: November 10th 2010 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ed	November4th 2016.

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Filing Fee: \$25.00