L1700001705

	(Requestor's Name)		
	(Address)		
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	(City/State/Zip/Phone #)		
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	(Business Entity Name)	_	
(Document Number)			
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SECRETARY OF STATE AHASSEE FLORID

1. HARRIE

COVER LETTER

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SUBJECT: Krewe of Sie Fy Name of Limited Lin	Cancis Drake UC ability Company
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to the	following:
Krewe or (Name of Person Sir Francis Drake UC Firm/Company
$\langle 1 \rangle$	Address Address John Market
For further information concerning this matter, please call: Renee Acams Koutsowa Name of Person	Sed for future annual report notification) Sed for future annual report notification) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigma \$\sigma \text{\$\sigma \te	\$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIED ADDRESS.

MAILING ADDRESS:

TO: · Registration Section
Division of Corporations

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

There of Sinti	ancer Drate. (C
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L117000101705</u> .	ere filed on5 8 17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AN 15 AN 10: 53 AN ASSEE FLORIDA
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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 Changing Registered Agent, Signature of New Registered Agent

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 = Mana AMBR = Autho	ger orized Member				
Title Presider	Name H Renee	Adam:	Address S Koutsour	AMS	Type of Action
NAME	Name H Renee CORRECTIO	Ň	11835 lark	Songloop	□ Remove
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(If an effect Note: I	re date, if other than the date of filing:	07 (3)(b) as the
(f the reco (b) The s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the same of the feetive day after the record is filed.	of:
Dated _	5/10/1) Due Adam Kartina	
	Signature of a member or authorized representative of a member Revee Adams Krutove ADIS Typed of printed name of signee	T!

Page 3 of 3

Filing Fee: \$25.00