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Amend

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COVER LETTER

TO:

Registration Section Division of Corporations

DRL CONSULTING SERVICES LLC SUBJECT: 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: RENE DE LA RIVA Name of Person DRL CONSULTING SERVICES LLC Firm/Company 4655 PALM AVE APT 212 Address HIALEAH, FL 33012 City/State and Zip Code DRLCS.COM@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENE DE LA RIVA DE LA RUA 510-0394 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DRL CONSULTING SERVICES LLC

(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	 -
he Articles of Organization for this Limited Liab	ility Company were filed on $\frac{0}{2}$	95/09/2017	and assigned
lorida document numberL17000102551	·		
his amendment is submitted to amend the follow	ing:		
a. If amending name, enter the new name of the	ne limited liability company h	iere:	
he new name must be distinguishable and contain the word	ls "Limited Liability Company," the	designation "LLC" or the at	breviation "L.L.C."
nter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	ADDRESS)	· · · · · · · · · · · · · · · · · · ·	F. P.
		· ·	
			~ ~ T
nter new mailing address, if applicable:		,	PR
Mailing address MAY BE A POST OFFICE BO	OX)		- ఆ
	·		<u>.</u> <u>.</u>
. If amending the registered agent and/or reg gent and/or the new registered office address			e of the new regis
Name of New Registered Agent:	RENE DE LA RIVA DE LA F		
	RENE DE LA RIVA DE LA F 4655 PALM AVE APT 212		
Name of New Registered Agent: New Registered Office Address:	4655 PALM AVE APT 212	orida street address	
	4655 PALM AVE APT 212	-	33012 Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DACHEL C PAYROL GOMEZ		□ Add
		3355 W 68TH ST UNIT 170 HIALEAH FL 33018	≡ Remove
			□Change
			□Add
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			□Change
			□ Add
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