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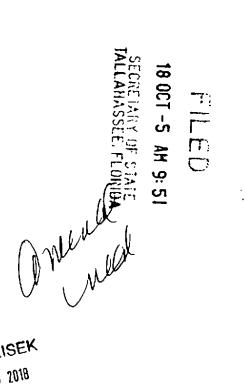
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COVER LETTER

Division of Cor					
DRIVE KE SUBJECT:	EY LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	GIANNI TONIUTTI				
		Name of Person			
	TOSOLINI & LAMURA LLP				
	Firm/Company				
	407 LINCOLN ROAD, SUITE ITC				
		Address			
	MIAMI BEACH, FLORID	A 33139			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	gianni.toniutti@tlrtlaw.com				
		o be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please ca	II:			
GIANNI TONIUTTI		305 534-0420			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

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 OF

DRIVE KEY LLC

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

	MIAMI BEACH City	, Florida ³³¹³⁹	ip Code
real registered Office reduced.	Enter	Florida street address	
New Registered Office Address:	407 LINCOLN ROAD, SUIT	E 11-C	
Name of New Registered Agent:	TOSOLINI & LAMURA LL	P	
B. If amending the registered agent an registered agent and/or the new registered		s on our records, <u>enter the</u>	name of the ne
(Mailing address MAY BE A POST OFFICE	<u> </u>		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
Enter new principal offices address, if appl	icable:		8 9) S N 9)
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbrey	migh "LateC."
This amendment is submitted to amend the fo A. If amending name, enter the new name		y here:	FILE 18 OCT -5 TECRETARY
Florida document number L18000077813	·	3	⊼ ∽
The Articles of Organization for this Limited	Liability Company were filed on	1	and assigned
The American of Operations for this Limited		(13/27/2018	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in his 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DALLE RIVE, LUCIANO	C/O 7777 NW 146TH ST MIAMI LAKES. FL 33016	Add
			Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
			□ Change
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an effec o <u>te:</u> T	re date, if other that etive date is listed, the date if the date inserted in t nt's effective date on	ite must be specific his block does no	and cannot be prior of meet the applic	to date of filin able statutory	g or more than 90	days after tiling.)	
	ord specifies a del 90th day after the			ot an effect	tive time, at	12:01 a.m. c	on the earlier o
c	OCTOBER 4	<u> </u>	2018				
atod C	/			<u> </u>			
ated _	/ / //						
ated _	/_/	Signature o	of a member or auth	orized represer	ntative of a mem	ner	
ated _			of a member or auth	orized represer	ntative of a meml	ner	
ated _	LUCIANO DALI			orized represer		ner	

Filing Fee: \$25.00