118000088612

Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor							
SUBJI		ELOMENTAL CENTER,LLC						
SCB0.		Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		ADELA PADRON						
			Name of Person					
		DRA DEVELOMENTAL	CENTER,LLC					
			Firm/Company	·····				
		21177 PERMIT LANE						
			Address					
		CUTLER BAYFL 33189						
			City/State and Zip Code					
		gilbertolezcano@aol.com						
		E-mail address: (to be used for future annual report not	ification)				
For fur	ther information co	oncerning this matter, please ca	ail:					
ADEL	A PADRON		786 299-8800 at ()					
	Name o	f Person		ne Telephone Number				
Enclos	ed is a check for th	ne following amount:						
\$2	5.00 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

DRA DEVELOMENTAL CENTER, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/06/2018 and assigned Florida document number L18000088612 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SAME Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>	Address	Type of Action
MGR	ADELA PADRON	21177 PERMIT LANE CUTLER B	
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			□ Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change

NONE		
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tive date, if other than the ffective date is listed, the date in	ist be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this l	lock does not meet the applicable statutory fil Department of State's records.	ling requirements, this date will not be listed
ment's effective date on the	repartment of state's records.	
cord specifies a delaye	d effective date, but not an effective	a time at 12:01 a m on the earlier
e 90th day after the re	cord is filed.	c anne, at 12.01 ann. on the earlier
I <u>MAY 03</u>	2018	
		
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	Signature of a member or authorized representati	

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Filing Fee: \$25.00