LIS 000 160 440

(I	Requestor's Name)	
- (,	Address)	
(/	Address)	
((City/State/Zip/Phone #	/)
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(1	Business Entity Name)
(I	Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions	to Filing Officer:	

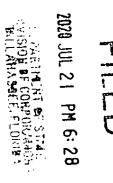
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JUL 2 1 2020



SEP 03 2020 S. YOUNG

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keir White Name of Person
Drainage Maintenance Firm/Company
1400 NW 110th Ave Apt. 415
Plantation Fl. 33322 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 325-1083 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Dranage	Maintenance	
(Name of the Limited Limited Limited Limited Limited Limited Liabil Florida document number \(\begin{aligned})(-14() ng:	1/17/2020 and assigned P
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or reginagent and/or the new registered office address h		ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
-	City	. Florida Zip Code
		r

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

<u>Title</u>	Name	Address	Type of Action
MGR	Jeffrey R. HarriSIR	733 SW 110th Ln Apt	101 X Add
	1	Pembroke Pines, F1.33	<u>lo]</u>
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			DAdd
			□Remove
			□ Change

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-	
lf an effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 17, 2020
	Signature of a member or authorized representative of a member
	organists of a mornous of authorities representative of a metallical