(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SUMINTRA NAIDU		
		Name of Person	
	D&D DRIVING SCHOOL	LLC	
		Firm Company	
	18820 SW 95TH AVE		
	 	Address	
	CUTLER BAY, FL 33157		
	· 	City/State and Zip Code	
	SNAIDU@DDRIVINGSCI	HOOL.COM	
	E-mail address: ()	to be used for future annual report notifi	(cation)
For further information	concerning this matter, please ca	all:	
SUMINTRA NAIDU		646 643-1773	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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

TO:

Registration Section
Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

D&D DRIVING SCHOOL, LLC	lity Company of these appears on our records	
(Name of the Limited Lings) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000194988	Company were filed on 08/15/2018	nd assigned
This amendment is submitted to amend the following:	 ·	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		o
(Principal office address MUST BE A STREET ADDI	RESS)	≅
		CRE
		23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E SE
Maning address STAT BE A FOST OFFICE BOXY		5 5
		w 2
registered agent and/or the new registered office add	stered office address on our records, <u>enter the n</u> dress here:	iame of th
Name of New Registered Agent:		iame of the
registered agent and/or the new registered office add		iame of the
registered agent and/or the new registered office add	dress here:	iame of the

Thereby 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>	Address	Type of Action
AMBR	SUMINTRA NAIDU	18820 SW 95TH AVE CUTLER BAY, FL 33157	O Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
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			Add
			☐ Remove
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ote: If the d	te, if other than th ate is listed, the date m date inserted in this b flective date on the	iloek does not i	neet the applic	cable statutory	or more than 90 filing requiren	(optional) days after filing.) tents, this date.v) Pursuant will not i	to 605.03 be listed
	pecifies a delaye day after the re			ot an effecti	ve time, at	12:01 a.m. d	on the	earlier
ated AUGU	JST 20		. 2018	·				
_	Sumint	Signature of a	alus member or auth	orized represen	ative of a memb	er		
	JMINTRA NAIDU							

Page 3 of 3

Filing Fee: \$25.00