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SURJECT	Dreh Fort k	Ging LLC	. ń	
JOBSECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Paul DiPasquale		
			Name of Person	
			Firm/Company	
		18719 Hillstone Dr.	Address	
		Odessa, FL 33556	Address	
		beckidipasquale@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	nification)
For further	information c	oncerning this matter, please c	all:	
Paul DiPas	quale		813 727-7073	
	Name o	f Person	at () Area Code Dayti:	me Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	ion
Registration Section Division of Corporations:		Registration S Division of Co		
(P.	O. Box 632	7)	The Centre of	Tallahassee
(La	Ilahassee, F	L-32314)	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20201 28 FM12: 27 Dreh Fort King, 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 08/24/2018 and assigned Florida document number $\frac{1180002033314}{1}$ 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ____ City

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 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	Becki DiPasquale	18719 Hillstone Drive, Odessa, Florida 33556	□Add
			≣Remove
			□Change
AMBR	Paul DiPasquale	18719 Hillstone Drive, Odessa, Florida 33556	□Add
			■Remove
			🗆 Change
AMBR	Carpe Futurum, LLC	200 W. 34th Ave. #977, Anchorage. Alaska 99503	= Add
			□Remove
			[]Change
			□Add
			🗀 Remove
			(]Change
			□Add
			□Remove
			🖾 Change
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an effective date is lote: If the date	other than the date of filing:
record specifies : I is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated)	2/20/2020
-1-	Signature of a member or authorized representative f a member.
	Paul DiPasquale
	Typed or printed name of signee