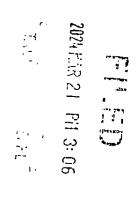
L18200220900

(Requestor's Name)
(Address)
- Address
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

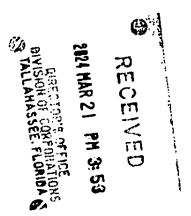
Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

OLDIFOT.	3 [DLINE, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Edward Chapman III	
		Name of Person	
		3 DLINE, LLC	
		Firm/Company	
		141 Hilltop Drive	
		Address	
		Midway, Florida 32343	
		City/State and Zip Code	
		DRUMLINE@GMAIL.COM	
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Youri	Chapman	850 570-4874 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		- - - 	and I have see
	3 DLINE, LLC		Company (see
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.) 2024 13%	P O L
,	3 DLINE, LLC ity Company as it now appear a Limited Liability Company)	7 * 1 1 1 1 1	· <1 PH 3:06
The Articles of Organization for this Limited Liability (Company were filed on	September 18, 201	and assigned
Florida document number L18000220900	·	٠.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	re:	
3RD'S DRUMLINE, LLC			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Futar non-mineral officer address if c==!i==kle.			
Enter new principal offices address, if applicable:	<u></u>		
(<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	 -	 	
Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or register	ed office address on our re	cords, <u>enter the na</u>	me of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		- لدائد با 111 - الدائد با 110	
	City	, Florida _	Zip Code

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
			
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			□Remove
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Effective	e date, if other than the date of fi	03/15/2024 iling: (optional)
If an effect	ive date is listed, the date must be specific	iling: (optional) c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	the date inserted in this block does not be effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as a of State's records
documen	virentee date on the Department	of outer a recordar.
		t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed		
	b. 16	2024
Dated	arch 15	
	Ulgar C	
	Signature of	of a member or authorized representative of a member
	U	Youri Chapman

• • •

Filing Fee: \$25.00