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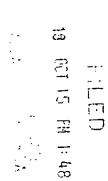
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eam ic	Draped LLC	C		
SUBJE	C1:	Name of Lim	ited Liability Company	·
The end	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Marcella Merton		
			Name of Person	<del></del>
		<del></del>	Firm/Company	
		2665 North Atlantic Avenu #132	ae	
			Address	
		Daytona Beach, FL 32118		
		dejaview.info@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Marcel	la Merton		505 225 9925 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e 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 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

Draped LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on September 24, 2018	and assigned
lorida document number L18000225791		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)		
		ज ता
	<del></del>	PH
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		÷ 00
3. If amending the registered agent and/or registered office	ce address on our records, <u>ente</u>	r the name of the
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	<u>-</u>
	City	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 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	Konrad Krysiak-Baltyn	2665 North Atlantic Avenue	_
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		#132	Remove
		Daytona Beach, FL 32118	
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Effect	tive date, if other than th	a data of filing:			(optional)	
(If an ef Note:	fective date is listed, the date mu.  If the date inserted in this benent's effective date on the I	ust be specific and colock does not me	annot be prior to dat et the applicable s		90 days after filing.)	
The	cord specifies a delaye 90th day after the re	cord is filed.		effective time, a	t 12:01 a.m. c	on the earlier of:
Dated	Lept 29 20	17this	2018.			
	Mary					
		Signature of a mo	ember or authorized	representative of a mer	nber	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00