

L19000085262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

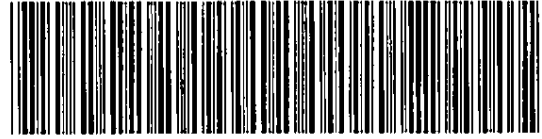
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500339863295

01/29/20--01012--021 **25.00

2020 JAN 29 AM 10:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DROOLIF S LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN FARRIER
Name of Person

DROOLIF S LLC
Firm/Company

1105 POINTE COVE APT 207
Address

LAKE MARY FL 32746
City/State and Zip Code

FROOLIEWEAR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN FARRIER at (321) 695 1698
Name of Person Area Code Daytime 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 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

2020 JUN 29 AM 10:49

DROOLIES 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 3/27/2019 and assigned Florida document number L19000085242.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1105 POINTE COVE APT 207
LAKE MARY FL 32746

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1105 POINTE COVE APT 207
LAKE MARY FL 32746

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DUDLEY A FARRIER	320 REFLECTIONS CIR ^{APT 204}	<input type="checkbox"/> Add
		Casselberry FL 32707	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	STEVEN FARRIER	1105 POINTE COVE APT ²⁰⁷	<input checked="" type="checkbox"/> Add
		LAKE MARY FL 32746	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	STEVEN FARRIER	1105 POINTE CV APT 207	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

