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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DRUM ROLL PLEASE 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:
JOHN MANNING Name of Person
DRUM ROL PLEASE LLC Firm/Company
120 LAGO VISTA BLUD_
CASSELBERRY FL 32707 City/State and Zip Code
DRUMROLIPLEASELLC@GMAIL.COM 15-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN MANNING at (321) 274-3931 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Section Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Section 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

JOHN T A	A-NA	ny as it now appears on ou	r records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L190011</u>	ility Company		1/2019 ar	d assigned		
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the RUM ROLL PLEA	SE LL	_C				
The new name must be distinguishable and contain the word	ls "Limited Liabil	i	on "LLC" or the abbreviati	on "L.L.C."		
Enter new principal offices address, if applicab	NIA					
(Principal office address MUST BE A STREET.			<u> </u>			
			20 Table 2 Tab	<u> </u>		
		.110	SSE	2		
Enter new mailing address, if applicable:			<u> </u>	= []		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>	<u> </u>		
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B. If amending the registered agent and/or registered agent and/or the new registered offic			records, <u>enter the n</u>	ame of the n	<u>iew</u>	
Name of New Registered Agent:	NIA	<u> </u>				
New Registered Office Address:	NIA					
New Negotered Office Address.	<u> </u>	Enter Florida stre	et address			
	, Florida					
		City	Zip	Code		
New Registered Agent's Signature, if changing Reg	istered Agent:					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete red agent as p gistered office	performance of my di provided for in Chapte	ities, and I am familia er 605, F.S. Or, if this	ir with and document is	he	

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
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Filing Fee: \$25.00