

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(	,	
(City/St	tate/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
/Ducine	ess Entity Nan	ma)
(Dusine	:SS Enuty Nar	ne,
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



400347276994

07/08/20--01011--026 \$660.00



### **COVER LETTER**

Division of Corporations
SUBJECT: DRUM ROLL PLEASE (C. 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
Firm/Company
120 LAGO VISTA BLUD.
CASSELBERRY, FLORIDA 32707 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 821 274-3931 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:   S25.00 Filing Fee  Certificate of Status  Certificate of Status
(additional copy is cherised)

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

DRUM KOL	L PLEASE LLC
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{4/29/2019}{10365}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li    REFER   ROADE   The new name must be distinguishable and contain the words "L	mited liability company here:  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 ADI	DRESS)
	·
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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
			□Add
			□Remove
			□ Change
	<del></del>		
			Change
<del></del>			. •
			Change
<del></del>		<u></u>	□Add
			□Remove
			Change
		<del></del>	
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			∏ Change

# Page 2 of 3

-		<del></del>					
					<u></u>	<del></del> .	
		<u> </u>	<del></del>				
		<del></del>					<del></del>
	<del>-</del> -					···	
		_					<del></del>
			<del></del>				
						,.	
							·
	***	•					
	<del></del>						<del></del>
	<del></del>		<del></del>	<u>.</u>			
<u> </u>							
fective da	ate, if other tha	an the date of fi	iling:	orior to date of filin	g or more than 90 o	_ (optional) days after filing.) Pure	suant to 605.020
ote: If the	date inserted in	this block does not the Department	iot meet the ap	plicable statutor	y filing requirem	ents, this date will	not be listed a
record The 90th	specifies a de h day after th	elayed effectiv ne record is file	ve date, but ed.	not an effect	tive time, at 1	.2:01 a.m. on t	he earlier o
ited	JUNE	25	20:	20.			
	41	Han					
	The same of the sa	1 Com	<i>*</i>				
_	John .	Signature of	of a member or	authorized represe	ntative of a membe	er .	

Page 3 of 3

Filing Fee: \$25.00