

L19000 141479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

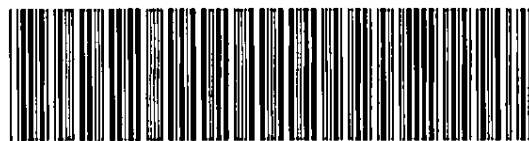
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/17/20--01009--008 **25.00

2020 JUN 17 AM 8:30

Amend

JUL 30 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRAB INVESTMENTS 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:

DIEGO RACCA

Name of Person

DRAB INVESTMENTS LLC

Firm/Company

600 CLEVELAND STREET, SUITE 223

Address

CLEARWATER, FL 33755

City/State and Zip Code

clwreille@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO J WEIGANDT

727 656-6958
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

_____ and assigned _____

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

_____, **Florida** _____
City Zip Code

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.

Page 1 of 3

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	ANABELA BENICH	600 CLEVELAND ST.	<input type="checkbox"/> Add
		SUITE 223	<input checked="" type="checkbox"/> Remove
		CLEARWATER, FL 33755	<input type="checkbox"/> Change
MGR	DIEGO RACCA	600 CLEVELAND ST.	<input type="checkbox"/> Add
		SUITE 223	<input checked="" type="checkbox"/> Remove
		CLEARWATER, FL 33755	<input type="checkbox"/> Change
MGR	MARCELO PABLO NOCHETTI	1800 SANS SOUCI BLVD	<input checked="" type="checkbox"/> Add
		SUITE 301	<input type="checkbox"/> Remove
		SOUTH MIAMI, FL 33181	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

[Signature]
representative of a member

Signature of a member or authorized representative of a member

DIEGO RACCA

Typed or printed name of signee