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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DRFORME LLC			
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-	<u></u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File: 28
			L.C. File Fictitious Name File 50
			Trade/Service Mark
			(O)
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	7/3/19		UCC 1 or 3 File
Name	//3/19 Date	 Time	UCC 11 Search
Manie	Date	THIIC	UCC II Retrieval
Walk-In	Will Pick	Up	Courier

COVER LETTER

то:	Registration S Division of Co			
	DRFORM	IE LLC		
SUBJEC	CT:	Name of Lit	nited Liability Company	
		f Amendment and fee(s) are sul		
		NATALIA MEDEIROS		2015
			Name of Person	2019 JUL
		CSG - CAPITAL SERVI	CES GROUP INC	ان ا
			Firm/Company	•
		446 W HILLSBORO BL	/D	A 10
			Address	9
		DEERFIELD BEACH, FI	. 33441	
		NATALIA OTUEWAYOR	City/State and Zip Code	
		NATALIA@THEWAYGF	to be used for future annual report notification)	
For further	er information o	concerning this matter, please c	all:	
NATALI	IA MEDEIROS	;	954 427-4770 at ()	
	Name o	of Person	Area Code Daytime Telephone	Number
Enclosed	is a check for the	he following amount:		
	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	io.00 Filing Fee. Certificate of Status & Certified Copy Idditional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building	ESS:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRFORME LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on <u>06/17/2019</u> and assigned
Florida document number L19000158327	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
DÉFORMEN LLC	20
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation #L.L.C.
Enter new principal offices address, if applicable:	= = = = = = = = = = = = = = = = = = = =
(Principal office address MUST BE A STREET ADDRESS)	<u>ن</u> بن
	: - <u>e</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac registered agent and/or the new registered office address here:	dress on our records, enter the name of t
Name of New Registered Agent:	
New Registered Office Address:	Enser Florida street address
	Enter Pitrikai Sireel dala 633
Cip	, Florida, Florida
City	z.p cou

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Ac
			□ Add
			□ Remove
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			□ Remove
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