119000 19a 966

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





700333499147

09/16/19--01030--014 *+50.00

ALL MARY OF SMILE

SEP 2.7 2019



COVER LETTER

O: Registration Section Division of Corporations

DRS Estate SUBJECT:	: Management,LLC		
SOURCE.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard J Sallop		
		Name of Person	
	DRS Estate Management,	LLC	
		Firm/Company	
	126 Osprey Circle		
		Address	
	Hypoluxo, Fl. 33462		
	sallopr@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Richard J Sallop		954 224-4938 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Ţ.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRS Estate Management, LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	· -
he Articles of Organization for this Limited Liability	Company were filed on July 29, 2019	and assigned
orida document number L19000192966		•
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
e new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADI	DRESS)	
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		
		7 ₂ 2
		× × × × ×
If amending the registered agent and/or reg	istered office address on our records, <u>ent</u>	er this name of the n
istered agent and/or the new registered office ad	ldress here:	200 Z
Name of New Registered Agent:		
New Registered Office Address:		
negative Vince Address.	Enter Florida street address	
	, Florida	
		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

afending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richard J Sallop	126 Osprey Circle Hypoluxo, Fl. 33462	B Add
			Remove
			☐ Change
~··			Add
			Remove
			Change
	 -		□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
	***		Add
			☐ Remove
		 .	
			Remove
			☐ Change

•						
-		-				
-				 		
_						
-					· · · · · · · · · · · · · · · · · · ·	····
						
-						
_						
•		<u>. </u>				
-	<u> </u>				_	
_						
						
-						
-		-				
_						
-						
-						
If an eff <u>Note:</u>	ective date is listed, the If the date inserted in	nan the date of filing date must be specific and in this block does not no in the Department of S	I cannot be prior to dat neet the applicable :	e of filing or more than 9	(optional) 0 days after filing.) Pursuant ments, this date will not b	to 605,0207 () be listed as th
uocum	sent's encenve date e	or the Department of S	state's records.			
he red The	cord specifies a d 90th day after t	elayed effective on the record is filed.	late, but not an	effective time, at	12:01 a.m. on the	earlier of:
Dated			·			
		11. 11	16		. <u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00