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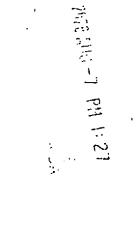
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: Drift Root Collection UC 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:
Heather Lane Name of Person
Trift Resort Collection LC
Address
Miani, 72 33161 City/State and Zip Code Heather Lane Miani D gmal.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Lane at 305, 896-4768 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\infty\$ \\$25.00 \text{ Filing Fee & } \sum \\$55.00 \text{ Filing Fee & } \sum \\$60.00 \text{ Filing Fee, } \text{ Certificate of Status & } Cer
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

(Name of the Limited Liability Compan	Collection LLC vs as it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on AVYST 26, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Drift Collection	7 LLC
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	"No change"
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	"No Change"
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	"No arange"
New Registered Office Address:	0
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: "No Change MGR = Manager AMBR = Authorized Member **Address Type of Action** <u>Name</u> **Title** _ 🗆 Remove ____ □Change 三 二 二 Add ____ 🗆 Remove _____ Change ____ □Add _____ □Change ____ □Add _____ □Remove _____ □Change Remove

_____ Change

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