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COVER LETTER

	Registration Se Division of Cor			
elib iez	DRBB, LLO	C		
SUBJEC	.1:	Name of Lim	me of Limited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Adam H. Itzkowitz, Esq.		
			Name of Person	
		Itzkowitz Law. PLLC		
			Firm/Company	
		1034 Belcher Rd S		
			Address	
		Largo, FL 33771		
			City/State and Zip Code	
		adam@itzlawfirm.com		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please c	all:	
Adam H	. Itzkowitz. Esq		813 461-6600	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.6	00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Corporations	
	P.O. Box 632		The Centre of	
	Tallahassee, I	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DRBB, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on July 22, 2020	and assigned
Florida document number L20000215096		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	
Enter new principal offices address, if applicable:	1505 Bailey Ct	2020
(Principal office address MUST BE A STREET ADDRESS)	Union, KY 41091	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	1505 Bailey Ct	AH II
(Mailing address MAY BE A POST OFFICE BOX)	Union, KY 41091	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, E	·lorida
	City	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

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
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. Effect	ve date, if other than the date of filing:	(optional)
(if an ef) Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of f the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.02 nutory filing requirements, this date will not be listed
docum	ent's effective date on the Department of State's records.	
		and the second s
f the recor	specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earther of: (b) The 90th day after the
	,	
Dated	November 4 2020	
	Ad X	
	Signature of a member or authorized re	

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Filing Fee: \$25.00