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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

ro: Registration Se Division of Corp		و	€
SUBJECT: Dead	langal Drews LL	· C	
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andrew Fegu	Name of Person	
	Dadward Druss LLC Name of Limited Liability Company Arricles of Amendment and fee(s) are submitted for filing. Ill correspondence concerning this matter to the following: Amar		
	3590 Sw	an line B	
		-	
For further information c			fication)
Andrew Fingle	f Person	at (<u>407</u>) 64 33 Area Code Daytime	S – 21 o S e Telephone Number
Enclosed is a check for the	ne following amount:		
₹ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	ananassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Deadwood		
Different Daws LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	<u> </u>
	11 /0 /	Ŕ
The Articles of Organization for this Limited Liability Company	were filed on 11/9/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Driftwood Drews LLL		
The new name must be distinguishable and contain the words "Limited Liability Laboration of the contain	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3590 Sing Lane.	PLASTEDA FL
(Principal office address MUST BE A STREET ADDRESS)	3590 Sing Lane,	
	A ()	,
Enter new mailing address, if applicable:	MI TO THE PARTY MAN	IVA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□ Change
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			□Remove
			□Change
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If an ef Note:	ive date, if other than the date of filing:
e reco ord is f	d 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 led.
Dated	11/A/202-
	Signature of a member or authorized representative of a member

1. 1. . .