(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

Melissa Moreau

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

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 11/17/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 971168

ORDER ENTITY____

DRIFTWOOD REAL ESTATE HOLDINGS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES	i
DRIFTWOOD REAL ESTATE HOLDINGS, LLC	(FL)

File the attached amendment

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Driftwood Real Estate Holdings, LLC			
(Name of the Limited	l Liability Compa A Florida Limited I	iny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Lia Florida document number L20000394600	bility Company	were filed on 12/17/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1646 W Snow Avenue, Suite 180	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33606	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	1646 W Snow Avenue, Suite 180 Tampa, FL 33606	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:			MO SO
New Registered Office Address:	1646 W Snow .	Avenue, Suite 180 Enter Florida street address	FIE
	Tampa		la <u>33606</u>
		Chy	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
4 5 5 75 75	A

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Remove
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Tective date, if other than the data are effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department.	e specific and cannot b k does not meet the	applicable statuto			(.) Pursuant to 605.02
record specifies a delayed effective c is filed.	late, but not an effec	tive time, at 12:0	l a.m. on the ear	dier of: (b) T	he 90th day after th
November 17	2021				•
November 17					· ·
November 17	· 2021	 PX			· ·
November 17	m	or authorized repres	entative of a mem	ber	<u> </u>

Filing Fee: \$25.00