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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	DRV Desig			
SOBJEX	<u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Daniela Rivera		
			Name of Person	
		DRV Design, LLC		
			Firm/Company	
		3330 Fairchild Gardens, 30	0062	
			Address	
		Palm Beach Gardens, FL 3	3410	
		Janiela@drvhomes.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
Daniela	Rivera		305 6069618 at ()	
	Name o	f Person		: Telephone Number
Enclosed	I 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 Addres	s:	Street Address:	

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

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

DRV Design LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on cliability Company)	our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000006470</u> .			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
DRV Homes, LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design:	ation "LLC" or the abbrevia	ition "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		2	
(Principal office address MUST BE A STREET ADDRESS)			023 (
			83	
			13	
Enter new mailing address, if applicable:	_	SS SS	= <u>m</u>	
(Mailing address MAY BE A POST OFFICE BOX)		T.V.		
(Mulling undress MAT BE AT OST OFFICE BOA)		<u> </u>	,	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name of</u>	the new regis	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida	<u> </u>	
	City	Zi	p Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p				

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

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
			□ Add
			□Remove
			Change
			□ Remove
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fective date, if other than t	must be specific and cannot be pr s block does not meet the app	olicable statutory filing requi	(optional) n 90 days after filing.) Pursuant to rements, this date will not be	605,0201 listed as
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