

KZ1 000039773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

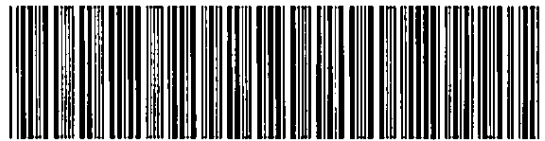
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/21--01041--015 **35.00

2021 SEP 28 PM 3:40

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2021

DIANE KING
155 BARTRAM MARKET DR
135-176
ST. JOHNS, FL 32259

SUBJECT: DRK 22NDST LLC
Ref. Number: L21000039773

We have received your document for DRK 22NDST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00021812

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

DRK 22NDST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000039773

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

QUIK REI LLC

New Registered Office Address: _____

155 BARTRAM MARKET DRIVE, 135-176

Enter Florida street address

ST. JOHNS

City

Florida

32259

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.

Okiny

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIANE KING	155 BARTRAM MARKET DR	<input type="checkbox"/> Add
		135-176	<input checked="" type="checkbox"/> Remove
		ST. JOHNS, FL 32259	<input type="checkbox"/> Change
MANAGING MEMBER	QUIK REI LLC	155 BARTRAM MARKET DR	<input checked="" type="checkbox"/> Add
		135-176	<input type="checkbox"/> Remove
		ST. JOHNS, FL 32259	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SEP 28 PM 2:08

SUBJECT: DRK 22NDST LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE KING
Name of Person

DRK 22NDST LLC
Firm Company

155 BARTRAM MARKET DRIVE, 135-176
Address

ST. JOHNS, FL 32259
City/State and Zip Code

JAXROOMZ@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE KING at (904) 404-9159
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
--------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

I have a credit
of \$35.00

Reference Letter Number: 821A00021812

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303