

(((H21000120895 3)))



H210001208953ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

•*Enter	the	email	address	for	this	busin	ess	entity	to	be i	ısed	for fur	ture
- ar	ากบอไ	report	address t mailin	gs.	Enter	only	one	email	add	ress	ple	ase:	. !

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG **CAUBO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

14

۲,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA	UBO LLC				మై
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appeted Liability Company	ars on our records.	)		
The Articles of Organization for this Limited Liability Compa				and assigne	đ
Florida document number L21000042529		-			~
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited i	iability company l	ne <u>re:</u>			
DRCAU LLC					
he new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC"	or the abbrevia	tion "L.I.C."	
Enter new principal offices address, if applicable:	<del>_</del>				
Principal office address MUST BE A STREET ADDRESS)	<u> </u>				<del></del>
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our	records, <u>enter th</u>	200 T 0	he new reg	<u>istered</u>
			<b>建模</b>		
Name of New Registered Agent:	<u> </u>		Hairing .	爱 石	<i>;</i>
New Registered Office Address:			r. Ni	25	_•
	Enter Flo	orida street address		e	_ <del></del>
	City	, Flor	IOLA Sim	o Eode	<del></del> ,
Jew Dagistared Agantie Cignature if shands Dagistare 1			<b>新新</b>	O1	

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.

□ 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:

Title	Name	Address	Type of Action
·			
			DAod
·			□Remove
			Change
•			□Add
			□Remove
			Change
-			
			□Cbange
			□Remove
			□ Change
			-
•			□Rcmove
·			Change
·			□ Adđ
· .			□Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1 .	
, :	
•	
Effect	ive date, if other than the date of filing: (optional)
If are of	factive date is listed, the date must be specific and control be prior to date of filing or more than 90 days of a Sing I be specific.
TOTE	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent is effective date on the Department of State's records:
accan	pentisioned determine Department of State's records:
reco rd is fi	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
14,13 L	ight.
<b>.</b>	MARCH 25TH 2021
Dated	

Typed or printed name of signee