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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Name)
(C	Occument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer.	

Office Use Only



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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

FROM Meli

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 6/22/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 929560

ORDER ENTITY

THE DREH FOOTHOLD HOLDING COMPANY, LLC

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THE DREH FOOTHOLD HOLDING COMPANY, 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.

Tuesday, June 22, 2021 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Dreh Foothold Holding Company, 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 $\frac{02/10/2021}{2}$ and assigned Florida document number L21000071469 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 "LLC." Enter new principal offices address, if applicable: 302 S. New Jersev Ave. #302 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33609 Enter new mailing address, if applicable: 302 S. New Jersey Ave, #302 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33609 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

302 S. New Jersey Ave, #302

City

Tampa

Enter Florida street address

Florida

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
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		hax	<u> </u>	<u> </u>	
		Signature of a member or au	thorized representative	of a member	

Typed or printed name of signee