

L21000073523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

*[Handwritten signature]*

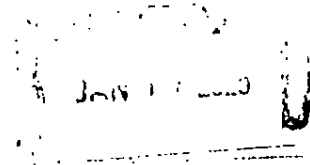


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2024

ARTHUR R. ROSENBERG  
6499 NORTH POWERLINE ROAD, SUITE 304  
FORT LAUDERDALE, FL 33309 US

SUBJECT: DRENSB INVESTMENTS LLC  
Ref. Number: L21000073523



We have received your document for DRENSB INVESTMENTS 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 LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

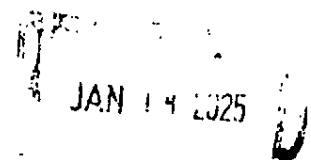
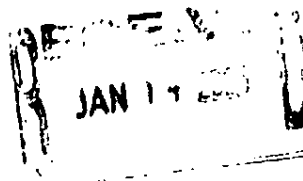
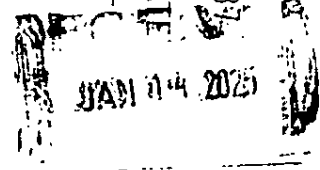
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 824A00027168

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRENSB INVESTMENTS LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR R. ROSENBERG

Name of Person

ARTHUR R. ROSENBERG, P.A.

Firm/Company

6499 North Powerline Road, Suite 304

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

arr@arosenberg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR R. ROSENBERG,

0954

772-5151

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 32305

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TALLAHASSEE, FL

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## DRENSB INVESTMENTS LLC.

The Articles of Organization for this Limited Liability Company were filed on February 11, 2021 and assigned Florida document number 1.21000073523

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

**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:

**New Registered Office Address:**

Enter Florida street address

## Florida

Civ

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 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	Aviel Dahaman	6499 North Powerline Road, Suite 304	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rami Dahaman	6499 North Powerline Road, Suite 304	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated January 3, 2025

ELENA DAHAMAN  
Signature of a member or authorized representative of a member

Elena Dahaman

al3  
Typed or printed name of signee