121000092389

(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



800375976998

TATARY OF STATE OF ST

ZEZINOV 17 PH 4: 49

Y SULKER NOV 18 2021

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

ORDER FORM

TO Florida Department of State

FROM 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 11/17/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 971168

\$25.00 Authorized

	LEASE PERFORM THE FOLLOWING SERVICES: DRIFTWOOD HOLDCO, LLC (FL)	
•	File the attached amendment	

NOTES:

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.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Driftwood HoldCo, 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 2/24/2021 and assigned 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." 1646 W Snow Avenue, Suite 180 Enter new principal offices address, if applicable: Tampa, FL 33606 (Principal office address MUST BE A STREET ADDRESS) 1646 W Snow Avenue, Suite 180 Enter new mailing address, if applicable: Tampa, FL 33606 (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: 1646 W Snow Avenue, Suite 180 New Registered Office Address: Enter Florida street address , Florida <u>33606</u> Tampa

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.

City

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
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chan,

	
	
 -	
	7
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective I is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated November 17	- 2021
_	u S
	Signature of a member of authorized representative of a member
Miles G. Kass	

Filing Fee: \$25.00