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COVER LETTER

TO: Registration Section Division of Corporations DRFI Management LLC SUBJECT: 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: Dale R. Funk Name of Person Dale Funk and Associates, ELC Firm/Company 125 Malaga Place Address Panama City Beach, FL 32413 City/State and Zip Code dale@dalefunklaw.com E-mail address, (to be used for future annual report notification) For further information concerning this matter, please call: Dale R. Funk 314 865-9558 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30,00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$55 00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section A II: 42 Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

DRFT Management LLC	
(<u>Name of the Limited Lia!</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.21(00)151448	y Company were filed on April 1, 2021 and assigned and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the li	imited liability company here:
he 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 ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new regist</u> e:
_	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address , Florida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to only with the provisions of all statutes relative to the proper and complete performance of my duties, and Fam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, $F.\overline{S}$, Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that He 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dale R. Funk Irrevocable Trust	6 Chestnut Circle	
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ocord specifies a delayed effect	ive date, but not an effective time, a	of 12 01 a.m. on the earlier of the	The 90th day after the
is filed.	we date, but not an erecence time, a	it 12.01 a.m. on the earner of, (b)	
April 15	2021		
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	Signature of a member or authorized	representative of a member	