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TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations				
	velopment LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Dudley A. Mayard, Sr				
Name of Person					
	DRT Development LLC				
Firm/Company					
	110 SE 6th Street, 17th F	loor			
Address					
Fort Lauderdale, FL 33301					
		City/State and Zip Code			
	dudleymayard@comcast.r			20	
For further information	n-mail address:	to be used for future annual report notificall:	ation)	2022 JAN (•
Ceresia Smith		954 471-8405		- - ω	
Name	e of Person	at () Area Code Daytime	Telephone Number	-3 PH 12: 19	
Enclosed is a check for	r the following amount:			F 19 19	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Mailing Addi Registration	n Section	Street Address: Registration Sect			
Division of P.O. Box 6:	Corporations 327	Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DRT Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ARIAN SPIRIS The Articles of Organization for this Limited Liability Company were filed on 04/16/2021 and assigned Florida document number 1.2 1000 176680 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: (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: Ceresia Smith Name of New Registered Agent: 9418 Balm Riverview Road New Registered Office Address: Enter Florida street address Riverview

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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(If an ell	ive date, if other the fective date is listed, the If the date inserted in nent's effective date o	date must be specific n this block does no	and cannot be prior to t meet the applica	o date of filing or m	ore than 90 days after f	iling.) Pursuant to 605	
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Filing Fee: \$25.00