## L22000 18399

(Requestor's Name)	
(Address)	
(Address)	
(City(Charle (7))) (City	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: Drew Harlov		ited Liability Company	
	realite or On	med Billionicy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robyn D Rosen		
		Name of Person	
	Drew Harlow, LLC		
		Firm/Company	
	ESON MULOCAL C'. L.		
	5338 NW 26th Circle	Address	
	Boca Raton, FL 33496		
		City/State and Zip Code	
	rdr527@gmail.com	to be used for future annual report not	ification)
For further information a	oncerning this matter, please c		
rot turmet information c	oncerning this matter, please c	att.	
Robyn D Rosen		at ( <u>917</u> ) <u>209-1370</u>	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres	ss:	Street Address:	
Registration Section		Registration Se	
Division of Corporations		Division of Co	•
P.O. Box 632 Tallahassee, 1		The Centre of	raffanassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as it now appears on our records.) lorida Limited Liability Company)	
(A.F	forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 1/10/2022	and assigned
lorida document number <u>L22000018389</u>		
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	limited liability company here:	
Robyn Dana Rosen, LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:	_	
Mailing address MAY BE A POST OFFICE BOX	<u></u>	-
num g unaress mili Berli OST OTTICE BO	<u> </u>	
		2023
3. If amending the registered agent and/or regis	tered affice address on our records, enter the	
gent and/or the new registered office address he		
		· 数 3
Name of New Registered Agent:		The state of the
Name of New Registered Agent.		00
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	977
	Enter Florida street address	ائني النهاية
_	, Florid	
	City	Zip Code

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

Drew Harlow IIIC

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 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
			□Remove
		□Change	
			□Remove
		<del></del>	□Remove
			□Change

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•	
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•	
(If an ef Note:	ive date, if other than the date of filing:
the recordis fi	d 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 led.
Dated	July 26, 2023
	Signature of a member or authorized representative of a member
	Robyn D Rosen  Typed or printed name of signee