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SECRETARY OF STATE
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

DRS PROP SUBJECT:	PERTIES LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
r rease return an correspe	. *	to the following.	
	Jean-Pierre Silvera		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	13024 coldwater loop		
		Address	
	Clermont, FLorida 34711		
		City/State and Zip Code	
	jay.peedc@gmail.com		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please ca	all:	
JP Silvera		860 729-9525 a1 ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	☐ \$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		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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DRS PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE
(A Florida Limited Liability Company)
TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{1/18/2022}{1}$ and assigned Florida document number L22000035240 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." 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

## 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

\_\_\_, Florida \_\_\_\_

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
MGR	Jean-Pierre Silvera	13024 coldwater loop	<b>≣</b> Add
		Clermont, Florida 34711	□Remove
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			□Remove
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Effective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior ock does not meet the application.	able statutory filing require	(optional) 90 days after filing.) Pursuant to 6 ements, this date will not be li	505.0207 isted as
record specifies a delayed effective is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the ea	arlier of: (b) The 90th day at	fter the
February 9th	2022			
ated	<del>/</del>	<del>_</del> ·		
Pated	<i></i> ,			
Dated	Signature of a member or author	orized representative of a men	nber	

Filing Fee: \$25.00