L22000074614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE

DEC 14 2022

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DRIP C LLC
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:

CHRYSTELLE LEZIN
Name of Person

DRIP C LLC
Firm/Company

4940 NW 86th Ave
Address

Lauderhill, FL. 33351
City/State and Zip Code

Chrystelle4lezin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRYSTELLE LEZIN at (954) 778 0738
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2022 DEC 14 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dkff C 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 2/16/2022 and assigned Florida document number L22000946619.

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: Chrystelle Lezin

New Registered Office Address: 4140 NW 8th Ave
Enter Florida street address

Lauderhill, Florida 33351
City *Zip Code*

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.

Chrystelle Lezin
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	CHRYSTELLE LEZIN	4940 NW 62nd Ave Lauderhill FL 33351	☐Add
			☐Remove
			☐Change
MGR	NUNLAC LEZIN	4940 NW 62nd Ave Lauderhill FL 33351	☑Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

ing any other information, enter change(s) here: *Attach additional sheets, if necessary.*

ve date, if other than the date of filing: _____ (optional)
ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b),
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ny's effective date on the Department of State's records

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
f.

December 14 . 2022

Chrystelle Lezin
Signature of a member or authorized representative of a member

Chrystelle Lezin
Typed or printed name of signee

Filing Fee: $25.00

AFFIDAVIT

The State of Florida)
) S.S.
County of Broward County)

I, Chrystelle Lezin, of Lauderhill, in Broward County, Florida, MAKE OATH AND SAY THAT:

1. I Chrystelle Lezin give Kalaana Turenne permission and authorization to make the necessary changes to Drip C LLC.

STATE OF FLORIDA

COUNTY OF BROWARD COUNTY

SUBSCRIBED AND SWORN TO BEFORE ME, by means of ✓ physical presence or ___ online notarization, on the 14th day of December, 2022

Signature: Olovio Benjamin
(Seal)
NOTARY PUBLIC
My Commission expires:
05/27/2025

OLOVIO BENJAMIN
MY COMMISSION # HH 086535
EXPIRES: March 27, 2025
Bonded Thru Notary Public Underwriters

Chrystelle Lezin
(Signature)

Chrystelle Lezin