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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D.R.K. Enterprises CLC 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:
hervy Ahen R Name of Person
O. R. K. Enterprises LLC Firm/Company
5601 Sw 21st St Address
OVICENTERVISE 1 OGNAIL. COM E-mail address! (to be used for future annual report notification)
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
hen in Area Code Daytime Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D. H.K. Cnterpris	ses LLC		14 PA 1:57
(Name of the Limited Liability C (A Florida Lin	Company as it now appear nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L.J.30000486</u> 7	pany were filed on	<u>1/26/2073</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>'S)</u>		
		2000	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our r	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	<i>C Ut-</i>		
	i:nter i to	orida street address	
	City	, Florida	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Marie Mulling	gs 2727 wiley St, Hollyand	_ [ZAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	APRIL 09
	Signature of a member or authorized representative of a member
	Lewy Aiken In
	Typed or printed name of signee