5/15/23, 10:49 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.R.M VUNTURES, LLC

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To:

COVER LETTER

TO:		tration Se on of Cor	ction porations					
C1:01E4	CT.	D.R.M VU	NTURES, LLC					
SUBJEC	C1: _	Name of Limited Liability Company						
The encl	losed A	articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn a	li correspo	ndence concerning this matter	to the following:				
			Cheyenne Moseley					
				Name of Person				
			Legalzoom.com. Inc.					
				Firm/Company				
			101 N Brand Blvd 11th Fl					
				Address				
			Glendale, CA 91203			·		
				City/State and Zip Code	·			
			witliams.desnik@yahoo.co					
				to be used for future annua	l report notifica	ation)		
For furth	ner info	rmation co	oncerning this matter, please co	all:				
Cheyeni	ne Mos	seley		800 7	73-0888			
	· · · ·	Name of	Person	at ()	Daytime T	elephone Number		
Enclosed	l is a cl	heck for th	e following amount:					
□ \$25.	.00 Fili	ng Fec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is cachosed)		
,		Registra Divisio	NG ADDRESS: ation Section n of Corporations	Registra Divisior	T/COURIES ation Section of Corporati	R ADDRESS:		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.R.M VUNTURES, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limiti	npany as it now appears on our re ed Liability Company)	ecords.)	
he Articles of Organization for this Limited Liability Compa	ny were filed on 03/24/2023	and assign	ed
Torida document number L.23000149469			
Tris amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
D.R.M VENTURES, LLC			
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation	'LLC" or the abbreviation "L.L.C	17
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)			
		•	
3. If amending the registered agent and/or registered		ords, enter the name of	the
egistered agent and/or the new registered office address h	<u>sere</u> :		
		2	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ac	ddress S	兰
		, Florida 📅 🚾 💆	<u>;</u>
	Ciţv	Ξ. Zip GK le	
lew Registered Agent's Signature, if changing Registered Agen	nt:		
berety accept the appointment as registered agent and a	urge to act in this converts	I turther curee to comply	wit

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

From: James Wiseman

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□ Remove
			☐ Change
1			☐ Remove
·			☐ Change
	· No		
			Remove
			□ Change
			🗀 Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
		•	□ Remove
			🗆 Change

To:

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Typed or printed name of signee

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