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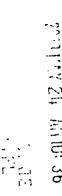
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Destince L Raulerson			
		Name of Person		
	DR Resale, LLC			
		Firm/Company		
	1131-13th St SW			
		Address		
	Naples, FL 34117			
		City/State and Zip Code		
	dcase091@gmail.com			
	E-mail address: (to be used for future annual report notified	ntion)	
For further information c	oncerning this matter, please ca	all:	(<u> </u>	
Destinee Raulerson		239 241-0501 at ()	,	
Name o	f Person		elephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	
Mailing Addres	_	Street Address: Registration Secti	on	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tal	lahassee	
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR Resale, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	Company as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L^{23000247269}}{L^{23000247269}}$.	pany were filed on May 19, 2023 and assigned	i	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited L	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	S) ವೆ		
	12		
Enter new mailing address, if applicable:		٠.	
(Mailing address MAY BE A POST OF FICE BOX)	- 5	- ;	
(Mulling uddress MAT BE A FOST OF FICE DOA)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>enter the name of the new reg</u>	<u>ister</u>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Ag	gent:		
provisions of all statutes relative to the proper and comp	I agree to act in this capacity. I further agree to comply we plete performance of my duties, and I am familiar with an as provided for in Chapter 605, F.S. Or, if this document office address, I hereby confirm that the limited liability	d	

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	Destinee L Raulerson	1131 13th St SW Naples, FL 34117	a Add
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			□ Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach addition	al sheets, if necessary.)
	
	
25/22/2022	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing adocument's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on record is filed.	the earlier of: (b) The 90th day after the
Dated May 22 2023	7.7 2.7 2.1
A Company of Company	77.2
Signature of a member or authorized representative of	f a member
Destinee L Raulerson	: _ = =

Typed or printed name of signee