## L23000294927

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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

DRES TAP	ES LLC				
SUBJECT:	NI ATT	5 11 1 L15 7			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following.			
	ANDRES VIADERO				
		Name of Person			
		Firm/Company			
	4186 BUGLERS REST PL				
		Address			
	CASSELBERRY, FL 3270	7	• •		
		City/State and Zip Code	1		
	dresdero@gmail.com		1 1		
	E-mail address: (	to be used for future annual report not	ification		
For further information of	oncerning this matter, please c	all:	,		
ANDRES VIADERO		(407) 373-8800			
	210	at () Area Code Daytin	. C.J. sale and Manager		
Name o	l Person	Area Code Dayun	ie Telephone Number		
Enclosed is a check for t	he 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 Addres	ss:	Street Address:			
Registration Section		Registration Se	Registration Section		
Division of C			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 \_\_\_\_\_ and assigned Florida document number 1.23000294927 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 "LLC." 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: ANDRES VIADERO Name of New Registered Agent: 4186 BUGLERS REST PLACE New Registered Office Address: Enter Florida street address CASSELBERRY City

New Registered Agent's Signature, if changing Registered Agent:

DRES TAPES LLC

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.

> Andres Viadena 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
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ote: If the date ins	ther than the date of ted, the date must be specerted in this block does date on the Departme	s not meet the appli	cable statutory fili	(opti more than 90 days after ng requirements, thi	onal) r filing.) Pursuant to 605.0 s date will not be listed
record specifies a d is filed.	elayed effective date, t	out not an effective	time, at 12:01 a.m	. on the earlier of: (t	o) The 90th day after t
And	nea Viadeno Signatur				
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	Signatu	re of a member or aut	horized representativ	e of a member	