

L23 000 327949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

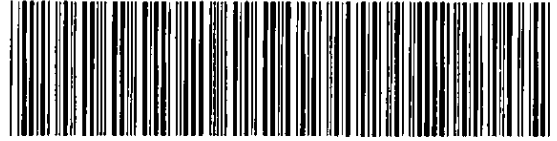
(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FL

2023 SEP - 8 PM 2:57

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## COVER LETTER

TO: Registration Section  
Division of Corporations

DRAKAR INVESTMENT, LLC

SUBJECT: \_\_\_\_\_  
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:

Stuart A. Teller, Esquire

\_\_\_\_\_  
Name of Person

Stuart A. Teller, P.A.

\_\_\_\_\_  
Firm/Company

7320 Griffin Road, Suite 216

\_\_\_\_\_  
Address

Davie, Florida 33314

\_\_\_\_\_  
City/State and Zip Code

stuart@tellerlawoffice.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

CLERK OF STATE  
TALLAHASSEE, FL

2023 SEP - 8 PM 2:57

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For further information concerning this matter, please call:

Stuart A. Teller, Esquire

954

327-3383

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DRAKAR INVESTMENT, 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 7/11/2023 and assigned Florida document number L23000327949.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DRAKAR GROUP, LLC

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:

Stuart A. Teller, Esquire

**New Registered Office Address:**

7320 Griffin Road, Suite 216

Enter Florida street address

Davie

Florida 33314

638

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change


FILED  
2023 SEP - 8 PM 2:58  
SCHOOL DISTRICT  
TALLAHASSEE, FL

2023 SEP -8 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

2023 SEP -8 PM 2:58  
SEC. TAYLOR OF STATE  
TALLAHASSEE, FL


If the record 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 record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**