Division of Corporations

Florida Department

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: info@activatemylicense.com

EXAMPLE 2018 ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRAIN TO DRAIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

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Corporate Filing Menu

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: DRAIN T	O DRAIN, LLC			
		nited Liability Company	· - ·	•
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	JANINE SKIPPER			
		Name of Person		
	CONTRACTORS R	EPORTING SEF	RVICE INC	
		Firm/Company	, <u> </u>	
	2513 SR 54 PMB 3	36		
		Address		
	LUTZ, FL 33549			
		City/State and Zip Co	ode	
	info@activatemylice	nse.com		
	E-mail address: (to be used for future ann	ual report notificat	on)
For further information co	ncerning this matter, please c	ail:		
JANINE SKIPPER		813	932-5244	
Name of	Person	Area Code		ephone Number
Foodband to a dead of foodba	e u			
Enclosed is a check for the	2			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	•	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	:	<u>Street</u>	Address;	

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

DRAIN TO DRAIN, LLC		
(A Florida Limited (A Florida Limited)	ipany as it now appears on our records.) ed Ltability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of	ny were filed on 9/13/2023 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
P-4		
Enter new mailing address, if applicable:	. 2	
(Mailing address MAY BE A POST OFFICE BOX)	· 23	
B. If amending the registered agent and/or registered office	e address on our records, enter the name of it	io new zeaistere
gent and/or the new registered office address here:	23	t t
	<u>=</u> :	
Name of New Registered Agent:		
New Registered Office Address:	. 7	
- The state of the	Enter Florida street address	
	Florida	
	City Zip	Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am familia s provided for in Chapter 605, F.S. Or, if this	nr with and document is
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e address. I hereby confirm that the limited l	iability

. . .

If Changing Registered Agent, Signature of New Registered Agent

From: Janine Skipper .

Fa:: 18139325244

To: Div of Corps -LLC

Fax: (850) 617-6383

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11/27/2023 3:08 PM

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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>	Name	Address	Type of Action
AMBR	CHRISTOPHER LEOSIS	210 CORDOBA CIRCLE	■ Add
		ROYAL PALM BEACH, FL 33411	<u> </u>
			□Change
			🗆 Add
			□Remove
			□Add
			□ Remove
			Change
<u></u>			□Add
			□ Remove
			Change
			🗆 Add
			Change
			□Add
			Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 -	
 -	
	
	
	
Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ne record specifiord is filed.	, , and a subject the subject to the
	11-27, 2023
	11-27. 2023 Quinty
ne record specification is filed. Dated	Signature of a nfember or authorized representative of a member