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(R€	equestor's Name)	
	<u>-</u>	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	- · · · ·
•	,	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

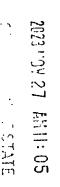




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12/1/20 12/1/20



COVER LETTER

TO: Registration Se Division of Cor	ection rporations		•	
DRDC AC	CS LL.C			
3010CC1.	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	Daniel Reyes			
	· 	Name of Person		
	ZenBusiness INC.			
		Firm/Company	· · · · · ·	
	336 E. College Ave Suite	301		
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		
	fulfillment@zenbusiness.co	om to be used for future annual report noti:	Guatian)	
For further information of	concerning this matter, please co		incanon)	
Daniel Reyes	8v Fv	512 237-7349 at (2023	
Name o	of Person		e Telephone Number 504 22	1 m
Enclosed is a check for t	he following amount:		□ \$60.00 Filing Feé;	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stants & Certified Copy (additional copy is enclosed)	اسد ۱۹

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

DRDC ACS LLC				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab	ility Company were filed on 10/16/2023		and assig	gned
Florida document number 1.23000474908				
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or t	the abbrevi	ation "L.l.	.C."
Enter new principal offices address, if applicable	le:			
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	DX)	1	707]	
		<u> </u>	Ē	
		•	.2	1-2
	istered office address on our records, enter the	name of	the new	registe
gent and/or the new registered office address b	<u>nere</u> :	100		,
			: 05	
Name of New Registered Agent:		. [1	, w	
New Registered Office Address:				
-	Enter Florida street address			
_	, Florid:			·
	City	7.	ip 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>	Name	<u>Address</u>	Ţ	ype of Action
AMBR	Dustin D Constant	106 Majorca Way Apt 212		□Add
,		Jupiter, FL 33458		□Remove
		US		_ ■ Change
				_ □Add
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Page 2 of 3

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Dated November 22nd 2023 Dustin D Constant Signature of a member or authorized representative of a member	The 90th day after the record	d is filed.		: 12:01 a.m. on th	ne earlier of
Dustin D Constant Signature of a member or authorized representative of a member	Dated November 22nd	2023			
Signature of a member or authorized representative of a member	7)	untin D(anstant		
		proture of a member or author	ized representative of a men	iber	