(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
	_	
Special Instructions to Filir	ng Officer:	

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	DRV Contra	acting LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Daniel Vocke		
			Name of Person	
		DRV Contracting LLC		
			Firm/Company	
		15 Village Ln		
		 	Address	
		Palm Coast, Fl 32164		
			City/State and Zip Code	
		drvcontracting@gmail.com	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please ca	-	
Daniel Vo	cke		864 444-2813	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Address: Registration S	Section
D	ivision of C	orporations	Division of C	
P	O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRV Contracting LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Com	pany were filed on 04/10/2024	and assigned
orida document number L24000171059		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	207%
		* .
		7.0
		251
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:		
	Enter Florida street addre:	ss.
		lorida
	City	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>	Name	Address	Type of Action
CEO	Daniel Vocke	15 Village Ln Palm Coast, Fl 32164	■Add
			□Remove
			□ Change
<del></del>			□ Add
			Remove
			□Change
	<del></del>		□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			Remove
			Change
			□ Add
		<del></del>	Remove
			□Change

Fective date, if other than the date of filing:  4/10/2024 (optional)  neffective 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 605.0207  teg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  tecord 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 is filed.  ted April 24th 2024  Signature of a member or authorized representative of a member				
rective date, if other than the date of filing:  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2024  1/10/2				
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	April 24th	2024		
Signature of a member of authorized representative of a member	Dans	Vake		
		Signature of a member or authorize	ed representative of a member	

Filing Fee: \$25.00