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(Re	questor's Name)	-
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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FALLAHASSEE, FLORIL

BH MAY -9 AM ID: 43

## **COVER LETTER**

Division of Corporations

P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.D.C. ELECTOR IIC

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our reda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DRL ELECTR	ic UC	
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD		- :
		!
		No.
Enter new mailing address, if applicable:		. : 
Mailing address MAY BE A POST OFFICE BOX)		••
		<del> </del>
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		nter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mak	Jesus Tonnes	3209 FRESNO PLACE	Z∕Ádd
		ZEAtypHills, FL 335	41 □Remove
	\		□Change
AMBR	Jacqueline pena	3209 FRESNO PLACE	🗹 Add
		ZEPHYRHILLS FL 335	41 □Remove
			□ Change
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an eff ote:	ive date, if other than the date of filing:
recor l is fil	d 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 led.
ated	05/09/2024 . 10:13 AM
	Carroll Adam
	Signature of a member or authorized representative of a member
	Jesus Tornes

Filing Fee: \$25.00