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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FIORELLO & PARTNERS, INC.

Account Number : 120160000088 Phone : (954)256-8300

Fax Number

: (954)256-8301

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

Email Address: ADMIN@FIORELLOPARTNERS.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRP CONSULTING, LLC

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Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRP CONSULTING, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as It now appear Liability Company)	30/2024 and assigned	
fig		n.e.	nonna.	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{057}{2}$	and assigned and assigned	
Florida document number L24000247053				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3101 PORT RO	YALE BLVD	
(Principal office address MUST BE A STREET ADDRESS)		APT 527		
	· · · · · · · · · · · · · · · · · · ·	FORT LAUDE	RDALE, FL 33308	
		3101 PORT RO	VALC DI VID	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		······································	INLEBLAD	
		APT 527		
. K		FORT LAUDEI	RDALE, FL 33308	
··· {				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our ri	ecords, <u>enter the name of the new registere</u> c	
Name of New Registered Agent:	DAVID RIZO-PATRON			
New Registered Office Address:	3101 PORT RO	DYALE BLVD; AF	Т 527	
	Enter Florida street address			
	FORT LAUDE	RDALE	, Florida 33308	
		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 H24000211975 3

Title	<u>Name</u>	Address	Type of Action
MGR	DAVID RIZO-PATRON	3101 PORT ROYALE BLVD	
	·	APT 527	□ Remove
		FORT LAUDERDALE, FL 33308	■Change
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ective date, if other than effective date is listed, the date	must be specific	and cannot be p	rior to date of fi	ing or more than	( <b>optior</b> 90 days after fi	ling.) Pursuant to	o 605.020
te: If the date inserted in this nument's effective date on the	e Department	of State's reco	piicabie statuto rds.	ory thing requi	rements, this c	iate will not be	: iisteu a
cord specifies a delayed effe s filed.	ctive date, but	not an effecti	ve time, at 12:0	)1 a.m. on the e	earlier of: (b)	The 90th day	after the
JUNE 18		2024					
	>	<del></del>	<del></del>				
	C.						
/	Signature o	of a member or a	uthorized repre	sentative of a me	mber		_

Filing Fee: \$25.00