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DEPARTMENT OF REVENUE
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LAW OFFICES
ROBERT L. KLINE
PROFESSIONAL ASSOCIATION

ROBERT L. KLINE

8603 SOUTH DIXIE HIGHWAY
SUITE 305A
MIAMI, FLORIDA 33143
TELEPHONE (305) 665-7860
FACSIMILE (305) 441-0043
EMAIL ADDRESS: RLKMK@BELLSOUTH.NET

March 29, 2018

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Dragon Miami SLS, LLC
Articles of Amendment – Changing Name of LLC

Dear Sir or Madam:

Enclosed is an original of the Cover Letter and Articles of Amendment to Articles of Organization of Dragon Miami SLS, LLC. Also enclosed is my firm's check in the amount of \$25.00 representing the filing fee.

For your reference, this document was signed by Leonardo Shi Lung Shan, Manager of Dragon Global Limited, Bahamian Corp., which is the Manager of Dragon Miami SLS, LLC.

Thank you for your assistance in filing these Articles of Amendment. Should you require any additional information or have any questions in this regard, please contact me at the above phone number or at LJPKMK@ATT.NET.

Very truly yours,

ROBERT L. KLINE

RLK/ljp
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRAGON MIAMI SLS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT L. KLINE

Name of Person

ROBERT L. KLINE, P.A.

Firm/Company

8603 SOUTH DIXIE HIGHWAY, SUITE 305-A

Address

MIAMI, FL 33156

City/State and Zip Code

RLKKMK@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. KLINE

305 665-7860
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DRAGON MIAMI SLS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 24, 2016 and assigned Florida document number L16000101321.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DRAGON MIAMI, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

18 APR -2 AM 5:15 PM

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this space does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 28, 2018

Handwritten signature of Leonardo Shi.

Signature of a member or authorized representative of a member

LEONARDO SHI SHAN

typed or printed name of signee