

L19000252353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

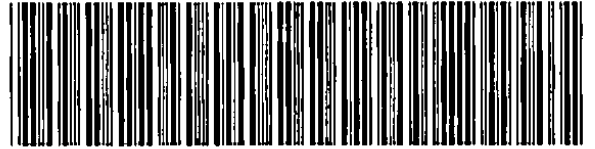
(Business Entity Name)

(Document Number)

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2020 NOV 16 AM 10:54  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

O SIMMONS  
DEC 21 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRAGONETTE TWO 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:

MARIANA PERRILLIAT NAVA

\_\_\_\_\_  
Name of Person

DRAGONETTE TWO LLC

\_\_\_\_\_  
90 SW 3RD STREET, UNIT 1716

\_\_\_\_\_  
Address

MIAMI, FL 33180

\_\_\_\_\_  
City/State and Zip Code

MPERRILLIAT@ITMGROUP.MX

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

For further information concerning this matter, please call:

SANDRA PERERA, CPA

954

321-9991

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 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 FILED  
OF

2020 NOV 16 AM 10:54

DRAGONETTE TWO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/18/2019 and assigned Florida document number LI9000252353.

This amendment is submitted to amend the following:

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

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

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2020 NOV 16 AM 10: 54	<u>Type of Action</u>
MGR	MARIANA PERRILLIAT NAVA	90 SW 3RD STREET SUITE 1716 MIAMI, FL 33130 TALLAHASSEE, FL		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CMYF SC	90 SW 3RD STREET SUITE 1716 MIAMI, FL 33130		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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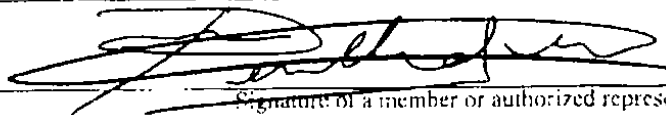
STATE  
TALLAHASSEE FL

E. Effective date, if other than the date of filing: 11/6/2020 (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)  
Note: If the date inserted in this block 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 NOVEMBER 6 2020



Signature of a member or authorized representative of a member

MARIANA PERRILLIAT NAVA

Typed or printed name of signer

Filing Fee: \$25.00