

L210000-12495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

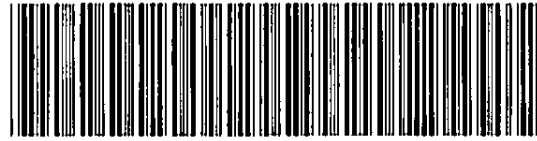
(Business Entity Name)

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: \$ 25.00

Authorization Signature for Yuhua
Dragon Capital LLC. L21000072495
Business Name #Document

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AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ Reinstatement
___ Merger
___ REVOCATION OF DISSOLUTION

OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name
___ Statement of Authority

APOSTIL _____
___ Other

COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstated Articles of Organization
___ Statement of CORRECTION
___ Domestication of a Foreign Corp_

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$ 25.00
Authorization Signature Jon Yuen
Dragon Capital LLC. L21000072495
Business Name #Document

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____ Domestication of a Foreign Corp_

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRAGON CAPITAL 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:

Name of Person

SOFTBOOKS INC

Firm/Company

5373 N NOB HILL RD

Address

SUNRISE, FL 33351

City/State and Zip Code

INFO@SOFTBOOKSINC.COM

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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
OF**

DRAGON CAPITAL 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 02/11/2021 and assigned
Florida document number L21000072495

This amendment is submitted to amend the following:

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

STRYKR CAPITAL 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)

7401 WILES RD

UNIT 316

CORAL SPRINGS, FL 34067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7401 WILES RD

UNIT 316

CORAL SPRINGS, FL 34067

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:

SOFTBOOKS INC

New Registered Office Address:

5373 N NOB HILL RD

Enter Florida street address

SUNRISE

City

Florida 33351

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>
MGR	ROSS J NEWMAN	7401 WILES RD	☐ Add
		UNIT 316	☐ Remove
		CORAL SPRINGS, FL 34067	☒ Change
MGR	JONATHAN TAYAR	7401 WILES RD	☐ Add
		UNIT 316	☐ Remove
		CORAL SPRINGS, FL 34067	☒ Change
MGR	SYED AHMED	7401 WILES RD	☐ Add
		UNIT 316	☐ Remove
		CORAL SPRING, FL 34067	☐ Change
MGR	IMDAD HAIDER	7401 WILES RD	☒ Add
		UNIT 316	☐ Remove
		CORAL SPRINGS, FL 34067	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

NOV 21 1964
TELETYPE UNIT
1:39 PM

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2025 SEP -2 PM 1:39
TALLAHASSEE, FL

(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)

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 Aug 19, 2025

Signature of a member or authorized representative of a member

Ross J. Newman

Typed or printed name of signee