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| Special Instructions to | Filing Officer: | |
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Office Use Only



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| | egistration Se ivision of Cor | | | |
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| our mor | Dragon Tig | | | |
| SORJECT | : | | ited Liability Company | |
| The enclos | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | |
| | | Monique Mancini | | |
| | | | Name of Person | |
| | | Dragon Tiger, LLC | | |
| | | | Firm/Company | |
| | | 5581 Wendy Lane | | |
| | | | Address | |
| | | Naples, FL 34112 | | |
| | | | City/State and Zip Code | |
| | | mancinimonique7@aol.com | | <u> </u> |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further | r information c | oncerning this matter, please ca | all: | |
| Monique I | Mancini | | 239 784-1828 at () | |
| | Name o | f Person | at () Area Code Daytime | e Telephone Number |
| Enclosed i | s a check for the | he 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 Tiger, LLC | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L07000067676 | Company were filed on <u>06/27/2007</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or | r the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | | <u></u> |
| (Principal office address MUST BE A STREET ADI | DRESS) | 2 (2) |
| Enter new mailing address, if applicable: | | A € € € € € € € € € € € € € € € € € € € |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | enter the name of the ne |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | da |
| | 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> | Name | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| MGR | Enrico Mancini | 8793 Tamiami Trail E | = Add |
| | | Naples, FL 34112 | ☐ Remove |
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| ffective date, if other than th | e date of filing: | (optional) |) - |
| an effective date is listed, the date m ote: If the date inscreed in this l | ust be specific and cannot be prior to da block does not meet the applicable | te of filing or more than 90 days after filing statutory filing requirements, this date | : will not be listed: |
| ocument's effective date on the | Department of State's records. | | |
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| | | effective time, at 12:01 a.m. | on the earlier |
| The 90th day after the re | cord is filed. | | |
| June 13 | 2018 | | |
| ated | · | | |
| | | | |
| 7 | Signature of a member or authorized | 0 (A | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00