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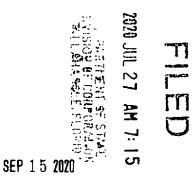
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S. YOUNG

COVER LETTER

	egistration So ivision of Co		
SUBJECT		TIGER LLC "	
SUBJECT	•	Name of Lin	nited Liability Company
The enclos	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.
Please retu	rn all correspo	ondence concerning this matter	to the following:
			Name of Person
		DRAGON TIGER LLC	
			Firm/Company
		8793 TAMIAMI TRAIL E	EAST UNIT 120
			Address
		NAPLES, FL 34113	
			City/State and Zip Code
		EURASIARESTAURANT	_
Paul Carta			(to be used for future annual report notification)
ror turtner	information c	oncerning this matter, please c	all:
ALFONSO) MANCINI		239 877-9809 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address: Registration Section
D	ivision of C	orporations	Division of Corporations
	O. Box 632 alfahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRAGON TIGER LLC

(<u>Name of the Lim</u>	(A Florida Limited	pany as it now appears on o d Liability Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited I	Liability Compar	by were filed on $\frac{6/27/200}{}$	7 4	and assigned
This amendment is submitted to amend the fol	lowing:		•	記る
A. If amending name, enter the new name	of the limited lia	bility company here:		7. 5
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designate	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	"			
agent and/or the new registered office addre	ess here:	e address on our record	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	ALFONSO M	IANCINI		
New Registered Office Address:	8793 TAMIA	MI TRAIL EAST UNIT 1	20	
		Enter Florida stre	eet address	
	NAPLES		, Florida <u>3</u>	4113
		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 See Rogistered 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	<u>Address</u>	Type of Action
MGRM	MANCINI, MONIQUE	5581 WENDY LANE	□Add
		NAPLES, FL 34112	= n
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
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ffective date, if oth an effective date is listed fote: If the date inser ocument's effective d	d, the date must be speci ted in this block does	itic and cannot be prices not meet the appl	or to date of filing or icable statutory fil	more than 90 days after	ional) or filing.) Pursuant to 60 iis date will not be lis	5.0207 ted as (
record specifies a dela Lis filed.	ayed effective date, b	ut not an effective	time, at 12:01 a.m	a. on the earlier of: (b) The 90th day afte	er the
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ated						
ated	Signatura	of a pember or and	horized representati	ve of a member		