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B. BOSTICK
MAR 2.1 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			grie.			
SUBJE	CCT:	Flying Dra	gon Imports, LLC				
		Name of Lim	ited Liability Company				
The end	closed Articles o	f Amendment and fee(s) are sui	bmitted for filing.				
Please 1	eturn all corresp	oondence concerning this matter	to the following:				
		N. Mi	chael Kouskoutis, Esquire				
			Name of Person				
		N. N	Michael Kouskoutis, P.A.				
			Firm/Company				
			23 E. Tarpon Avenue				
			Address		TAL		
	Tarpon Springs, FL 34689				1 MAR 18 EUREJÁK LLAHÁSSI	ere a	
			City/State and Zip Code joni@nmklaw.com		7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	dearway spenies	
		استروقاً	; ;				
For furtl	her information	concerning this matter, please c	o be used for future annual report notif	,	PH 3: 30 OF STATE S. FLORIDA		
	.lc	oni Buscema	at (_727)	942-3631	NG 30		
Name of Person			Area Code & Daytim		_ -		
		the following amount:					
<u>√]</u> \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed				
		ING ADDRESS:	STREET/COURI Registration Section				

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	lying Drage	on Imports, LL	C			
(Name of the Limite	ed Liability Con (A Florida Limit	npany as it now appe ed Liability Company)	ars on our records.)			
The Articles of Organization for this Limited	Liability Comp	any were filed on	March 2, 2009	and assi	gned	
Florida document number L0900002	20105					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited i	liability company he	ere:			
	1	N/A				
The new name must be distinguishable and end w"L.L.C."	vith the words "l	Limited Liability Comp	pany," the designation	"LLC" or the al	obreviation	
Enter new principal offices address, if appl	N/A					
(Principal office address MUST BE A STRE	EET ADDRESS	2				
				<u> </u>		
Enter new mailing address, if applicable:		N/A		ARE AR	<u> </u>	
(Mailing address MAY BE A POST OFFIC <mark>I</mark>			HSS SSE SSE SSE SSE SSE SSE SSE SSE SSE	i Mateur		
				- ω ω	-	
B. If amending the registered agent and	l/or registered	office address on	our records, enter	r the name of	the new	
registered agent and/or the new registered	office address i	nere:		A -		
Name of New Registered Agent:	N/A					
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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> **MGMR** Bernard Winkler ☐ Add ☑ Remove P.O. Box 1441 Land O Lakes, FL 34639 ☐ Add Remove ☐ Add Remove Add Remove □Āād Remove α D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Much / 2011 of a member of authorized representative of a member Lynn Winkler Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00