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SEPTEMBER OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

DRACO COMMERCIAL LLC

SUBJECT:

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:

MARIA E. NINO

Name of Person

Firm/Company

8202 WILES #147

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

apatino@hispanictaxinc.com

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

For further information concerning this matter, please call:

ALVARO PATINO

954 5093745

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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 Liab Florida document number L12000087219	bility Company were filed on 07/03/20	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
DRACO COMMERCIAL & PET BO	OTTLES LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ble:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	~	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 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 = Mans MGRM = Ma	MGR = Manager MGRM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			-
			Add
			Remove

D. If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
S	
<u> </u>	
	
oated 09/12	2013
	Ufgia Efna Cono
	Signature of a member of authorized representative of a member
MA	ARIA E. NINO
	Typed or printed name of signee

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Filing Fee: \$25.00

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