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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	he Lady Dragon, LLC Name/of Limited Liability Company	
·		
	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	Melissa Dupertuis Name of Person	
	Firm/Company	
	13130 Royal Pines Aye	
	Riverview, FL 33579 City/State and Zip Code	
-	dupertuism@yanov.com VE-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
Melissa T Name of Pe	Dupertuis at (229) 740 · 0497 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it how appears on our records.) billing Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L15000178974</u> .	ere filed on 10/21/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Craftjer Eve The new name must be distinguishable and contain the words "Limited Liability	r After, LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	$\frac{n}{a}$	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, ente	er the name of the new
Name of New Registered Agent:	n_/	<u> </u>
New Registered Office Address:	Enter Florida street address	^/2
	City, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I an	n familiar with and

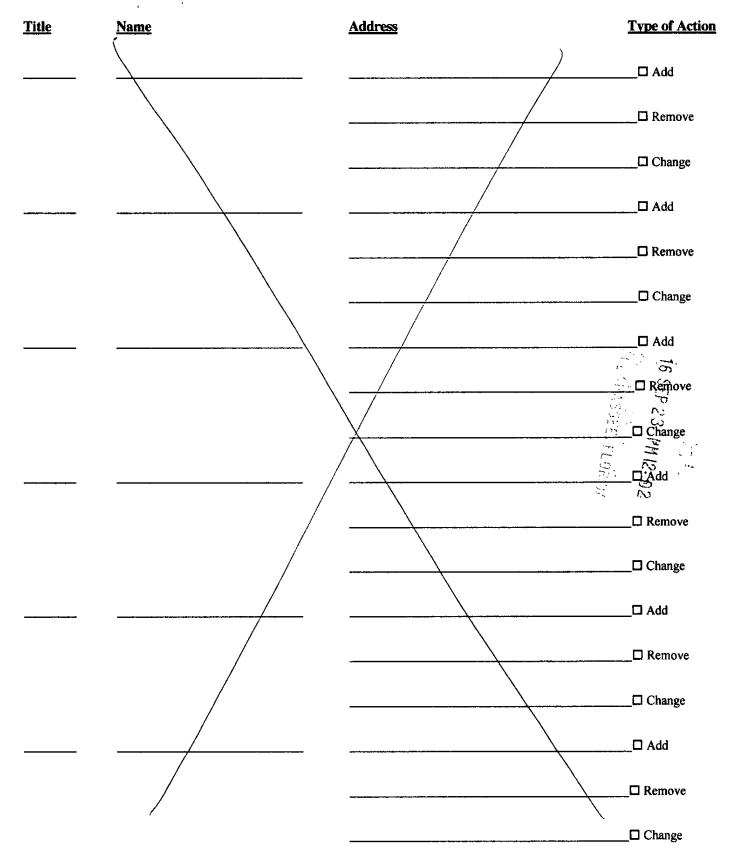
If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member



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***************************************	- (mg/s) - (<u>175</u>
		AO .
C. Effective date, if other than the date of filing: 2 Sept (If an effective date is listed, the date must be specific and cannot be prior to date of filing: Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ining of more man 50 days and thing.) I disuant	
the record specifies a delayed effective date, but not an effective date, but not an effective filed.	ective time, at 12:01 a.m. on the	earlier of:
Dated		
mouperti	w	
Signature of a member of authorized representation of a member of authorized representation of authorized representation of authorized representation of a member of a memb	esentative of a member	

Page 3 of 3

Filing Fee: \$25.00