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## **COVER LETTER**

	tration Section of Corpo		ζ.			
SUBJECT:	Oragon Press	LLC				
SOBJECT		Name of Lim	nited Liability Company			
The enclosed A	Articles of Arr	nendment and fee(s) are sub	omitted for filing.			
Please return al	il corresponde	ence concerning this matter	to the following:			
		Maureen Michell				
			Name of Person			
		Dragon Press LLC				
			Firm/Company			
		1637 NW 80th Avenue, U	nit E			
			Address	_		
		Margate, Florida 33063				
		, , ,	City/State and Zip Code			
	_	DragonPress@yahoo.com			2611 TALL	
		E-mail address: (	to be used for future annual report notificat	ion)		
For further info	rmation conc	erning this matter, please ca	all:		JMI 30 CRETARY CAHASSE	processes Consesses E
Maureen Mich	ell		954 682-6660 at ( )		25 전 제 전 10 전 10 전	111
	Name of Pe	rson		lephone Number	FLORION FLORION FLORION FLORION	ني.
Enclosed is a ch	neck for the fo	ollowing amount:			۰. ۵	
□ \$25.00 Filin	ng Fee i	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	

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 Press LLC (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 Liability Company were filed on 01/01/2017 and assigned Florida document number L16000233214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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) a	uthorized to manage,	enter the title.	name, and	address of each	person	heing added
ar removed from our records:	3 /				Joe Look	Dem <u>e</u> added

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
AMBR	Maureen Michell	1637 NW 80th Avenue	<b>B</b> Add
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		Margate, FL 33063	□ Change
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Typed or printed name of signee

Filing Fee: \$25.00