L17000012637

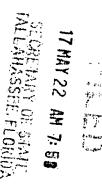
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COVER LETTER

то:	Registration So Division of Cor		,	·
cun		assing, LLC		
SUB,	JECT:	Name of Lin	nited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	indence concerning this matter	to the following:	
		Todd Kirshenbaum		
			Name of Person	
		Dragon Glassing, LLC		
			Firm/Company	
		1378 Eastwind Drive		
		Jacksonville, Florida 3225	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For fu	urther information c	oncerning this matter, please c	all:	
Todd	Kirshenbaum		904 509-1860	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclo	osed is a check for th	ne 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

Dragon Glassing, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000012637	y were filed on	and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		3.9 3
		S.S.
Enter new mailing address, if applicable:		SS 70
(Mailing address MAY BE A POST OFFICE BOX)		
		2 2 2
		5
B. If amending the registered agent and/or registered o		, enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:	,	
New Registered Office Address:		
	Enter Florida street address	Y
		orida
	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 New Registered 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:

<u>Title</u>	Name	Address Type of Actio
MGR	Stefan Kirshenbaum	Address 3405 Paces Ferry S. E. Type of Action Smyrna Downs 30080 ■ Add
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		Change
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Filing Fee: \$25.00