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(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

	GLASSING LLC	••	
*1 BJFCT:	Name of Lim	ited Liability Company	
na chelosed Ameles of	Amendment and fec(s) are sub	mitted for filing.	
sease tenun ati correspo	ondence concerning this matter	to the following:	
	TODD KIRSHENBAUM		
		Name of Person	
	DRAGON GUASSING LI	LC	
		Firm/Company	
	1378 EASTWIND DRIVE		
		Address	
	JACKSONVILLE BEACE	H. FL 32250	
		City/State and Zip Code	
	KBOMB904/a ICLOUD.Co	OM to be used for future annual report notifi	canoni
or further information of	concerning this matter, please ca		
FODD KIRSHENBAU	NI.	904 509-1860	
Same c	d Person	at () Area Code Daytime	Telephone Number
inclosed is a check for t	he following amount:		
≣ \$23 00 Filing hee	□ \$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 radditional 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 Lability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	v were filed on 01/17/2017	and assigned
Porida document number 1.17000012637		
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
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		19 FAL
		Fig. Em
		范围 上 一
Enter new mailing address, if applicable:		# m
Mailing address MAY BE A POST OFFICE BOX)		20 A D
		12 N
		>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	***
		orida
	Circ	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 hability 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:

MGR = Manager AMBR = Authorized Member

<u>Litte</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		SMYRNA, GA 30080	■ Remove
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Typed or printed name of signee

Filing Fee: \$25.00