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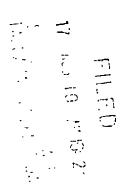
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COVER LETTER

Division of Corporations DRAGON INNOVATORS LLC **UBJECT:** 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: JOSE M PENA JR Name of Person DRAGON INNOVATORS LLC Firm/Company 13920 NE 16TH CT Address NORTH MIAMI FL 33181 City/State and Zip Code JOSEPENA413@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE M PENA#JR 206-8801 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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 INNOVATORS LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on a liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 117000086444	were filed on $\frac{04/18/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "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 of registered agent and/or the new registered office address here	ffice address on our e:	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my oprovided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

[amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

ICR = Manager

1(1K –	Manager	
MBR =	Authorized Member	

<u>'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	ALEJANDRO MARTINEZ	13920 NE 16TH CT	□ Add
		NORTH MIAMI FL 33181	Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
		<u></u>	Change
		Add CD Remove	→ □ Add
			Remove
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			المستعدد ا معاد
			-
	08/07/2017		:-
tive date, if other than the	edate of filing:	(optional) f filing or more than 90 days after filing.) Pur	suant to 605 020
: If the date inserted in this b	lock does not meet the applicable stat	utory filing requirements, this date will	
ment's effective date on the L	epartment of State's records.		
ecord specifies a delaye	d effective date, but not an ef	fective time, at 12:01 a.m. on t	the earlier o
e 90th day after the red	ord is filed.		
AUGUST 7	2017		
Des Je	Signature of a member or authorized rep	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00