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(Re	questor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 0 2018

COVER LETTER

ŤO:	Registration Se Division of Cor			
SHRI	ECT:	Zalbert	· LLC	
3015			ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		<u>B</u>	rion Carroll Name of Person	
			IR Carroll PA Firm/Company	
		2825	Business Coter ?	alval Ste AI
		<u>N</u>	City/State and Zif Code Orian e mbcarcal to be used for future annual report notifi	940
				laa.ccm
For fu	rther information c	oncerning this matter, please co	all:	
	<u>Brica</u> Name o	Carroll f Person	at (_ 321)	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ s:	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)
		ING ADDRESS:	STREET/COURTE	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		 9
		SECRETA VISION OF
Enter new mailing address, if applicable:		5 (2)
(Mailing address MAY BE A POST OFFICE BOX)		7
		STATE ORANION 10: 02
B. If amending the registered agent and/or registered offices address here:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	50.0 .	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zιρ 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 p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
MGR	Dragen, LLC	2240 S River Road	🗆 Add
		Melbering Bch, FL 32951	Remove
			Change
MGR	Dragen II, LLC	2240 S. River Road	Add
		1 Melbourne Bch, FL 32951	☐ Remove
			☐ Change
			🗆 Add
			☐ Remove
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Note:	tive date, if other than the date of filing:	5.0207 (3)(1 ted as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90th day after the record is filed.	er of:
Dated	_ August 102018	
	Signature of a member or authorized representative of a member	
	Mark Talbert Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00