## 118000231935

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TALLAHASSEE, FLORID

OCT 3 1 2018 S. YOUNG

## **COVER LETTER**

Division of Co	rporations				
4 Dragon:					
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Quoc Nguyen				
	4 Dragons LLC	Name of Person			
	7402 Atlantic Blvd Suite 5	Firm/Company			
	Jacksonville	Address			
	Florida	City/State and Zip Code		18 0 SECRE TALLA	
For further information of	E-mail address:	(to be used for future annual report notifical):	ication)	OCT 22 PN 6:44 KETARY OF STATE AHASSEE, FLORIDA	FILED
Quoc		206 579-7297 at ()		P¥ 6	O
Name o	of Person		Telephone Number	RIDA FICA	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS: Registration Section Division of Corporations

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Registration Section

TO:

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**

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compared Florida document number   L18000231935	ny were filed on October 1, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		50.00
Principal office address MUST BE A STREET ADDRESS)		OF TARA
Enter new mailing address, if applicable:		F 22 0
Mailing address MAY BE A POST OFFICE BOX)		6: 44 0RIDA
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
-	Enter Florida street addr	ess
	F	Florida
	City	Zip Code

4 Dragons LLC

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Vuong Cao	8915 Free Ave Jacksonville, FL 32211	■ Add
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	t be specific and cannot took does not meet the	e prior to date of filir applicable statutor	ng or more than 90 days a	optional) after filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed ne 90th day after the rec		ut not an effec	tive time, at 12:0	01 a.m. on the earlier
October 9	2018	·		
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Page 3 of 3

Filing Fee: \$25.00