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COVER LETTER

TO:		tration Sec on of Corp					
SUBJE	CT. L	UCKY DR	AGON 88 LLC				
00242	or		Name of Lim	ited Liabilit	y Company		
The encl	losed A	urticles of A	mendment and fee(s) are sub	mitted for	filing.		
			dence concerning this matter		_		
			JIN CHEN				
				Nam	e of Person		
			ЛN CHEN CPA PA				
			4932 DISTRIBUTION DR		/Company		
			TAMPA FL 33605	A	Address		
			ЛИСНЕНСРАРА@GMAIL		and Zip Co	de	
			E-mail address: (t		or future annu	al report notificat	nion)
For furth	er info	mation con	cerning this matter, please ca	11:			
MICHEL	LE BA	AI		at (813	999-1140	
_		Name of P	crson		Area Code	Daytime Te	lephone Number
Enclosed	is a ch	eck for the	following amount:				
\$25.0	00 Filin	g Fce	Signature of Status	Cert	00 Filing Feified Copy		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			G ADDRESS:		STRE	ET/COURIER	ADDRESS:
			on Section of Corporations 6327		Divisio	ation Section in of Corporatio Building	ns

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY DRAGON 88 LLC		
(Name of the Limited	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabseller Elevation for the Liabseller Elevation for the Limited Liabseller Elevation for this Limited Elevation for the El	ility Company were filed on 10/5/2018 ing:	2018 OCT BE PH 6: 54 SECRETARIASSEE, FL
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	0	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE PROPERTY OF THE PROPERTY.	Enter Florida street addr	ess
	F	Jorida
•	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:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	LIYU XUE	1244 CAP DIVILLE AVE, PORT	
AMBR		ORANGE, FL 32129	Add
			Remove
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If amending any other inform		(Allach daditional sneed, i	f necessary.)	
		<u> </u>		
				
			 	
				
Effective date, if other than t if an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to block does not meet the applical	o date of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.02 ts, this date will not be listed to	:07 as 1
ne record specifies a delay The 90th day after the r	red effective date, but not ecord is filed.	an effective time, at 12:	:01 a.m. on the earlier	of
Dated	2018		20 1	
			TAYE ESSE	a
+ <u>Liju</u>	XUL Signature of a member or author	ized representative of a member	<u> </u>	
	Signature of a memora of action			
	Signature of a memora of action		AS.	!
XIN FENG LIN	Typed or printed		2018 OCT 19 PM 6: 54 SEURE INFRY OF STATE TALLAHASSEE. FL	1

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Filing Fee: \$25.00