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COVER LETTER

SUBJECT:	Dragon Ac	res LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Jose Alberto Rivero		
			Name of Person	
		Dragon Acres LLC		
Firm/Company				
670 E 65th St				
			Address	
		Hialcah, FL 33013		
		jrivero1992@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
Jose Alberto	Rivero		786 619-4057	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

Dragon Acres LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our reco- limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 05/03/2019	and assign
Florida document number L19000120936	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		UN 24
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		rds, enter the name of
Name of New Registered Agent:		'देल'
New Registered Office Address:	Enter Florida street addi	ress
		Florida
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	Jose A. Rivero	670 E 65th St Hialeah, FL 33013	
			Add
			□ Remove
		Change title from MGR to	
		MGRM	☐ Change
			□ Add
			□ Remove
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			Add
			Remove Gehange
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Dated	June 19						
	Sign	Saca	r or authorized	epresentative of a n	aember .		
Ya	akelin Caneja	mate of a membe	. of admonised i	opresentative or a n	icinoci		
		Type	for printed nam	e of signer			

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Filing Fee: \$25.00