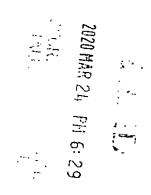
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COVER LETTER

TO:

TO: Registration S Division of Co			
	PUNCH, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LENEISHA T THOMPSO	N	
		Name of Person	
	DRAGON PUNCH, LLC		
		Firm/Company	- _
	6185 PINE TREE, B		
		Address	
	TAMARAC, FL 33319		
		City/State and Zip Code	
	DRAGONPUNCH2020@C	GMAIL.COM to be used for future annual report notif	Section)
For further information	concerning this matter, please concerning this matter, please concerning this matter.		(Nearwit)
LENEISHA T THOMF	PSON	954 649-3175	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRAGON PUNCH, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L0000023245	Company were filed on 01/16/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		020 HAR
(Principal office address MUST BE A STREET ADDI	RESS)	2 2 2
		<u> </u>
Enter new mailing address, if applicable:		PH 5
(Mailing address MAY BE A POST OFFICE BOX)		29
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	. Florid	2
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA CAMPBELL-SMITH	6185 PINE TREE LANE	
		В	□Remove
		TAMARAC, FL 33319	□Change
			□Add
			Remove 2020 Change P Add
			~ 22
			□ Remove
			□Change
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Note: If th	ne date inserted in s effective date on	this block doe	es not med	et the appli	cable statu	tory filing re	equirements.	this date wil	I not be	listed as
iocument :	y effective date on	r die Departin	em or su	ic 3 record	ν.					
record spe	ecifies a delayed e	effective date,	but not ar	ı effective	time, at 12	:01 a.m. on	the earlier of	fi (b) The 90	Oth day a	after the
d is filed.										
gug	BRUARY 15	27		2020						
		KY	 •		<u> </u>					
Dated	(V/								

Filing Fee: \$25.00

Typed or printed name of signee