# L200000 41479

(Req	uestor's Name)	
(Add	ress)	
(Add)	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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### **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT:	RAGON R	ental L	LC_	
	Name of Limit	ed Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	JONAT	Name of Person	wers	
		Name of Person	<u> </u>	<del></del>
		Firm/Company		
	26/3 ~1	J 2152 St	CApe	oral
		Address		
	CAPe	CORAL F	L. 339	93
DRAGON	CA PR Rental	City/State and Zip Code	100.COM	<u> </u>
	E-mail add <del>ress:</del> (t	o be used for future annual repo	ort notification)	
For further information conc	erning this matter, please ca	11:		
Jon (	3 ouras	a(561) 6	66 - 2	754
Name of Pe	Tson	Area Code	Daytime Telephone	: Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	\$ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	(d)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 14, 2020

JONATHAN BOWERS 2613 NW 21ST STREET CAPE CORAL, FL 33993

SUBJECT: DRAGON RENTAL, LLC

Ref. Number: L20000041479

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 is missing.

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00005687

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	SON	Re HAL	our records.)	2077:'' <u>] 2</u> 6 PH 6:27
The Articles of Organization for this Limited Lia Florida document number $\angle 2000004$	bility Company			and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	ility Company," the design	nation "LI.C" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>?OX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	her <u>e</u> :			
Name of New Registered Agent:		SNATHAN  13 NW  Enter Florida  CORFI	Bow	ers
New Registered Office Address:	(A 00)	Enter Florida  CORFI	street address	33993
		City	1 jorida	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.

Jonathan Bown

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	JONATHAN BU	CAPE CORPL F1 3399	□ Add
		CAPE CORPLE F1 3399	73 □Remove
			Change
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<u>ote:</u> If	e date, if other than the date of filing:
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	3.33 - 2020.  Denother Bower  Asignature of a member or authorized representative of a member
	Genother Rain
	Signature of a member or authorized representative of a member
	JONATHAN BOWERS

Filing Fee: \$25.00