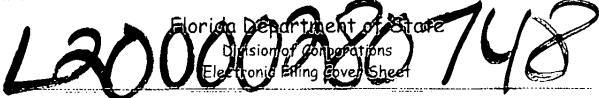
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Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DRAGON SUPERIOR SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRAGON SUPERIO	OR SERVICES LLC	•				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears i Liability Company)	s on our records.)		_		
The Articles of Organization for this Limited Liability Compan Florida document numberL2000280748	·		and	assign	ed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :				
DRAGON SUPERIOR SERVICES HEAT &	EAIR CONDITION	ING LLC				
The new name must be distinguishable and contain the words 'Limited Link	oility Company," the de	signation "LLC" or the	abbreviation	"L.L.C.	1,	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						_
	 		<u> </u>			
Enter new mailing address, if applicable:						
						•
(Muiling uddress MAY BE A POST OFFICE BOX)	· ·					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, enter the na	me of the	new re ∼	giste	rec
				023		
Name of New Registered Agent:	<u>.</u>		<u>_</u>			
New Registered Office Address:				=	==	
TON TOURS OF THE PARTY.	Enter Flori	da strect address		PK	· C.	
		, Florida _	•	<u> </u>		
	Ciŋi		:Zip Co	de ^{le‡}		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			<u>+</u>		
I hereby accept the appointment as registered agent and agenowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of i provided for in C	my duties, and I am hupter 605, F.S. O	familiar r, if this de	with ai	nd	he

If Changing Registered Agent, Signature of New Registered Agent

HO.460 #003

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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
			□ Add
			□Remove
			UChange
			□Add
			[]Remove
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e: If the date	f other than the d s listed, the date must b inserted in this bloc tive date on the Dep	k does not meet	the applicable stat	filing or more than 9 utory filing require	(optional) Odays after filing, 1 Pur ments, this date will	suant to 605,020 not be listed a
s filed.	a delayed effective (date, hut not an e	ffective time, at I	2:01 a.m. on the c a	rlier of: (b) The 90	th day after the
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Typed or printed name of signee