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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Dro-	gon custom P	rints LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Arismendy	Rodriquez	
	Drogon (u	UStom Prints L Firm/Company	L C
		Firm/Company	
	3420 Deer C	reek Alba Way	
		Address	
	Deerfield	Beach FL 3344	12.
		4 1.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ACISTERY ()	stricted. Com	Dentum)
For further information c	concerning this matter, please ca		
Arismendy	Rodriguez	at (<u>\$ 6 /)</u> <u> </u>	1898
Name e	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 (s enclosed)
Mailing Addres		Street Address:	
Registration :	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dragon Custom Pr.n+5 (Name of the Limited Liability Comp. (A Florida Limited	LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on a d Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>Jape</u>	nory 4, 2021 and assigned
Florida document number <u>L 2/0000 /2049</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		202
(Mailing address MAY BE A POST OFFICE BOX)		27 - 28 - 27 - 22 - 22
		1 22 7
1		, (3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	is, enter the name of the new registered
Name of New Registered Agent:		6
New Registered Office Address:		
	Enter Florida str	vet address
		, Florida
	Сиу	Zıp 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR AMBR	Arismendy Rodriquez	3420 Deer creek Albor Wax Deerfied Beach FL 33442	🖫 Add
			□Remove
			□Change
			DAdd
			□Remove
			🗆 Change
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			□Add
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	1/22/21 S:40pm
	Signature of another or authorized representative of a member
	Signature of a member or authorized representative of a member
	Acismendy Rodriguez Typed or printed name of signee