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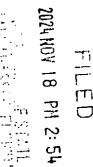
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DRAGCO LLC JBJECT: _ Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: CARLOS A CARRASCO Name of Person DRAGCO LLC Firm/Company 3105 NW 107 AvenueUnit 400-A4 Address Doral, FL 33172 City/State and Zip Code alfrecarrasco@yahoo.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call; Carlos A Carrasco 305 9894419 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

D:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

FILED

DRAGCOLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Management Consulting Team Inc	3105 NW 107 Avenue, Unit 400-A4, Doral, FL 33172	≡ Add
			□Remove
			□Change
AMBR	Fischer, Urs	3105 NW 107 Avenue, Unit 400-A4, Doral, FL.33172	⊡Add
			■Remove
			□Change
AMBR	CARRASCO, CARLOS	3105 NW 107 Avenue, Unit 400-A4, Doral, FL 33172	□Add
			≡Remove
			□Change
AMBR	Ascona S.AC.	Av. Vozandez N39-39, Quito, Ecuador	≣ Add
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tive date, if other than the offective date is listed, the date must. If the date inserted in this bloment's effective date on the Department.	be specific and cannot be priced to does not meet the application.	icable statutory fili	(option of the control of the contro	onal) filing.) Pursuant to 605.03 s date will not be listed
ord specifies a delayed effective filed.	date, but not an effective	time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after the
	2021			
November 12		 	Hellen)
	Signature of a member or aut	horized representative	7	<i>)</i> ———