L22000466877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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City State and Zip Code

Harbor Creek, FL 32837

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call: 407-433-5963

at ( )

Name of Person Area Code Daytime Telephone Number

Samantha Garcia

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Haus of Dragons

(Name of the Limited Liability Company as it now appears on our records.)

~~(A Florida Limited Liability Company)~~

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number

10/31/22 L22000466877

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Haus of Dragons LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2467 Bronson Cir
Harbor Creek, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2467 Bronson Cir
Harbor Creek, FL 32837

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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

, Florida *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

Title Name Address Type of Action ☐Add

☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

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Remove

Change

Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing: (optional)** (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the

[illegible] filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If [illegible] 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 [illegible]

Dated: 11/11/22

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: $25.00

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