L22000466877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

City, State and Zip Code

Hunters Creek, FL 32834

E-mail 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 Cervera

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 &

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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 Bunyan Cir
Hunters Creek, FL 32834

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2467 Bunyan Cir
Hunters Creek, FL 32834

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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

(B) Except for certain filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(C) If the amendment specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (i) The 90th day after the amendment is filed.

Dated: 11/11/22

Signature of a member or authorized representative of a member

[signature]

Typed or printed name of signee

Jonathan Gonda

Filing Fee: $25.00

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