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(((H23000105427 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DRAGON BREATH LLC

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COVER LETTER

TO: Registration S Division of Co	Section prporations		
THE DRA	AGON BREATH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAX ZONE INC		
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	8865 COMMODITY CIR	STE 4	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	BBF den Manufacture or require sufficient in sugger again () spainer
	ACCOUNTANT@TAXZC	NEFL.COM to be used for tuture annual report noti	Ication)
For further information of	concerning this matter, please c	•	
ED KOTLER		407 888-3131 at()	
Nanæ t	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for :	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P O Roy 632	•	The Centre of T	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

THE IND A CONTROL ATTEMPT A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THE DRAGON BREATH LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our record orda Limited Liability Company)	<u>(dc.</u>)	
The Articles of Organization for this Limited Liabili Florida document number <u>L23000059401</u>	ity Company were filed on 01/27/2023	and assigne	:d
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
THE BREATH OF THE DRAGON LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	•		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
		202]	, <i>.</i>
B. If amending the registered agent and/or regist		r the name of the new res	gistered
ngent and/or the new registered office address he	<u>rc</u> :	ිව <u>'</u>	
		D (
Name of New Registered Agent:			
New Registered Office Address:		, 0	
A. S.	Enter Florida street addres	:55	
	FI.	lorida	
	City	lorida <u>Zip Code</u>	
Now Decistored Agent's Cinnature if changing Donie	loand Amend		

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, enter the title, name, and address of each person being added or removed from our records:

18884530509

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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(If an effect Note: If	e date, if other than the date of filing:
he record s ord is filed	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
Dated	March 20 3-023. Signature of a member or authorized representative of a member
	ψ (1) Γ J EM J AM AM AM J AM
	Signature of a member or amborized representative of a member

Filing Fee: \$25.00