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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:				
N22000001662				
DOCUMENT NUMBER:		·		
The enclosed Articles of Amendment and fee	are submitted for filir	ıg.		
Please return all correspondence concerning t	his matter to the follow	wing:		
Tarletta Williams				
	(Name of Co	ntact Person)		
Black Dragon Marketing				
	(Firm/ C	ompany)		
6905 Society Drive, Apt F				
	(Add	lress)		·
Tampa, FL 33617				
	(City/ State a	nd Zip Code)		
grow@dragonlily.org				
E-mail address: (to	be used for future an	nual report not	ification)
For further information concerning this matter	r, please call:			
Tarletta Williams		(727) at		470-3733
(Name of Contac	t Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the I	lorida Departi	ment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Fili Status Certified C (Additiona enclosed)	Сору	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street Ad		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Dagon Lily, Inc		2022 MAR - 1 AM 10:-19
Name of Corporation as currently filed with the Florida I N22000001662	Dept. of State)	FOR THE JARY OF STATE
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	•	
A. If amending name, enter the new name of the corporat	ion:	
Drugon Lily, Inc		The ne
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpor	ated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered offi	ce address in Flor	ida, enter the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: N/A	-	
 		(Florida street address)
New Registered Office Address:		1. 10, 1111 31, (2.1 1111)
		, Florida
,	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent. I am fa	miliar with and acc	cept the obligations of the position.
	ianatura of New Ra	poistered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	N/A		
Remove		-	
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove		-	
6) Change Add			
Remove		-	
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
<u>N/A</u>			
			

		
		<u>.</u>
		
		
	<u> </u>	-
<u> </u>		
The date of each amendment(s) adoptions	2/21/2022	if other than the
		, it office than the
date this document was signed.		
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s)	<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Daniel	2/21/2022
Dated	
Signature	: Parletta S Williams
	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	office count appointed reductary by that reductary)
	Tarletta Williams
	(Typed or printed name of person signing)
	Director

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were