#102000027355

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K.SALY EXAMINER NOV - 5 2013



701 JC Center Court, Suite 3 Port Charlotte, Florida 33954 Jason B. Goldman, Esq. Florida Supreme Court Certified Circuit Civil Mediator jgoldman@grslawfirm.com Albert J. Tiseo, Jr., Esq. atiseo@gtslawfirm.com

Ernest W. Sturges, Jr., Esq. esturges@gtslawfirm.com

Phone (941) 625-6666 Fax (941) 625-0660 www.gtslawfirm.com

Our File No: 10058 003

October 29, 2013

Sent Via Certified Mail

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re:

Reinstatement and Amendment for Dragonfly Investments, L.L.C.

Document Number: L02000027355

To Whom It May Concern:

Enclosed please find a completed limited liability company reinstatement form along with Articles of Amendment for the above referenced. Also enclosed please find our trust check in the amount of \$941.25 which represents the following:

Reinstatement Fee:	\$100.00
2011 Annual Report:	138.75
2012 Annual Report:	138.75
2013 Annual Report:	538.75
Amendment:	<u>25.00</u>

TOTAL:

\$941.25

Please do not hesitate to contact the undersigned with any questions regarding the above.

Very truly yours,

Ernest W. Sturges, Jr., Esq.

Of Goldman, Tiseo & Sturges, P.A.

EWS/pis

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Enclosures

COVER LETTER

TO:

Registration Section **Division of Corporations**

DRAGONFLY INVESTMENTS, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNEST W. STURGES, JR.

GOLDMAN, TISEO & STURGES, PA

701 JC CENTER COURT, STE 3

PORT CHARLOTTE, FL 33954

City/State and Zip Code

ESTURGES@GTSLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNEST W. STURGES, JR. at (941)625-6666

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □S55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

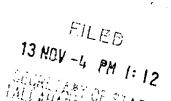
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DRAGONFLY INVESTMENTS, L.L.C.

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

	, Flor	ida Ziv Code
	Enter Florida stro	et address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>c</u> ddres <u>s here</u> :	enter the name of the nev
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADD	npecci	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the v"L.L.C."		ation "LLC" or the abbreviation
DRAGONFLY INVESTMENTS OF RO	OTONDA L.L.C.	
A. If amending name, enter the new name of the li	imited liability company here:	
This amendment is submitted to amend the following:	:	
Florida document number L02000027355	·	
1,00000000000	y Company were filed on OCTOBER 16,	and assigned

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> Address Remove Remove Remove Remove Remove Remove

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
 ed	10-29-13
	Elaine a. Chapman Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00