

**L0500008776**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

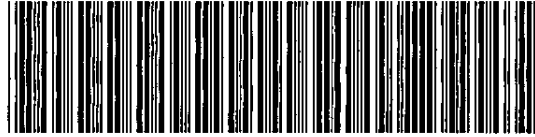
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRAGONFLY DAISY DESIGNS LLC  
(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:

KENDRA SILVERA

(Name of Person)

ISIS STUDIOS, LLC

(Firm/Company)

4200 S.W. 54TH AVE.

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

KENDRA SILVERA

(Name of Person)

at ( 305 ) 219-9490

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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 DAISY DESIGNS LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 09/06/2005 and assigned  
document number L05000087761.

**SECOND:** This amendment is submitted to amend the following:

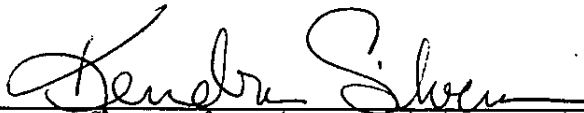
CHANGE NAME OF LLC FROM DRAGONFLY DAISY DESIGNS LLC  
TO NEW NAME:

ISIS STUDIOS, LLC

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DIVISION OF CORPORATIONS

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Dated FEBRUARY 15, 2007.



Signature of a member or authorized representative of a member

KENDRA SILVERA

Typed or printed name of signee

**Filing Fee: \$25.00**