LM000064135

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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
209-64135				
(Document Number) .				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	٦			
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Office Use Only

AUG 20 2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2009

HOLLY EDWARDS 5431 90TH AVE. CIR. EAST PARRISH, FL 34219

SUBJECT: DILLY DALLY PARTY LLC

Ref. Number: L09000064135

We have received your document for DILLY DALLY PARTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 909A00027269

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dily DALLY Party CC 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:
Holly Educards Name of Person
Firm/Company
5431 80 th Ave Cir Chan
Address Address Pornsh fl 34219 City/State and Zip Code Holly Dally I & Gmail. Com E-mail address (to be used for future annual report notification)
City/State and Zip Code Lolly Dally L. G. Mail. Com L-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Holly Educated at (941 - 201 - 900) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certificate of Status}\$\$\ \text{Certificate of Status}\$\$\$ \text{Certified Copy} (additional copy is enclosed) \$\ \text{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

	Or		
Di Wame of the Limited Liabi	lity Company as it now appears on la Limited Liability Company)	our records.)	
(A Florid	a Limited Liability Company)	A 700	
The Articles of Organization for this Limited Liability	•		
Florida document number <u>L 0 90000 GUL 3</u>	<u>.</u> .	37	
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:		
	•		
The new name must be distinguishable and end with the value. L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
·			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
		40. 4	
B. If amending the registered agent and/or reg		records, enter the name of the new	
registered agent and/or the new registered office a	aaress nere:		
Name of New Projectored Accepts			
Name of New Registered Agent:			
New Registered Office Address:	F . F	V. J	
	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 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 <u>Title</u> Name <u>Address</u> **Type of Action** David Edural ∏ Add Remove Add 🗌 □ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00