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COVER LETTER

TO: Registration Sec Division of Corp			
mystic creat			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	dylan williams		
		Name of Person	
	mystic creations lle		
		Firm/Company	
	1132 hoffner ave		
		Address	
	orlando fl 32809		
		City/State and Zip Code	
	occresource@yahoo.com	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca		,
dylan williams		at () 5929245 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liabili (A Florida	ty Company as it now apper Limited Liability Company	ears on our records.)	·
The Articles of Organization for this Limited Liability C Florida document number $\frac{111000018785}{111000018785}$		02/14/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The Faded Firetly LLC			
The new name must be distinguishable and contain the words "Lin	ited Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		on our records, <u>e</u>	nter the name of the
registered agent and/or the new registered office add	<u>lress here</u> :		
registered agent and/or the new registered office add	iress here:	100000000000000000000000000000000000000	
		Florida street address	
Name of New Registered Agent:		Florida street address , Florid	1aZip 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Brandon Chambers	1419 43rd St. Orlando, FL	= Add
		1419 43rd St. Orlands, FL 32839	☐ Remove
			Change
Mgr	April rence Williams	1132 hoffner ave orlando fl 32809	🗖 Add
			■ Remove
			SECOVE DIVISION O
			N ₩.
			9 (5) 05 9 (5) 75 (5)
			Remove
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			□ Add
			□ Remove
			Change
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Effective date, if an effective date in Note: If the date document's effec	s listed, the date m inserted in this l	block does no	and cannot be of meet the a	prior to gate c pplicable sta	a ming or mor	(0 e than 90 days (requirements.	after filing.) Pur	suant to 605, not be liste	.0207 ed as
ne record spec The 90th da	ifies a delaye y after the re	ed effective ecord is file	e date, bu ed.	t not an e	ffective tir	ne, at 12:0)1 a.m. on t	the earlie	er of
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Filing Fee: \$25.00