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COVER LETTER

TO: Registration Se Division of Cor			
Firefly Hole	dings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Tina Criner		
		Name of Person	·
	Firefly Holdings, LLC		
		Firm/Company	
	13799 Park Blvd #114		
		Address	
	Seminole, FL 33776		
	<u> </u>	City/State and Zip Code	-
	mail.glad@yahoo.com		2023 SEC ALL
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please o	all:	; ;;.) 1
Tina Criner		21 813, 419-7	192 🚆 : 🞵
Name o	f Person	Area Code Daytime	Telephone Number
			£ 39
Enclosed is a check for the	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 Addres		Street Address:	
Registration : Division of C		Registration Sect Division of Corp	
P.O. Box 632	-	The Centre of Ta	
Tallahassee,		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Firefly Holdings, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on March 4, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2023 SEI
Catalogue de la complicación		23
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	
agent and/or the new registered office address here.		₩ .0
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florade Sirver daniess	
	, Flor	
	City	Zin 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 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
AMBR	Gary Criner	13799 Park Blvd #114, Seminole, FL 33776	🖬 Add
			Remove
			☐ Change
			□Add
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			Change
			TAdd ≥S S S S S S S S S S S S S S
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Tina Criner	Signatui		•		E Ea		

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Filing Fee: \$25.00