L130001641941

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COVER LETTER

Division of Corp	orations		
SUBJECT: DRAC	GONFIRE MEDIA L	LC	
JOBSECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	WAYNE WINEGARDNE	R	
		Name of Person	
	DRAGONFIRE MEDIA L	LC	
		Firm/Company	
	5506 DONNELLY CIRCL	Æ	
		Address	
	ORLANDO, FL 32821		
		City/State and Zip Code	
	WAYNE@DRAGONFIRE	MDIA.COM o be used for future annual report noti	ification)
For further information cor	ncerning this matter, please ca		
WAYNE WINEGARDNER		407 310-8823	; ;
Name of I	Person		te Telephone Number
Enclosed is a check for the	following amount:		7
■ \$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

TO:

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

Ca sandia 110

- Dragnie Mode Li	
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L1300016+494	npany were filed on 11/25/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Intuing dutiess MAT BEATOST OFFICE BOA	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	•
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	BARKOFSKI, STEVE		
		5506 DONNELLY CIRCLE, ORL.	■ Remove
			☐ Change
<u>.</u>			□ Add
			☐ Remove
			Change
		_	
			□ Remove
		 	☐ Change
			Remove
			□ Add
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Effective d	ate, if other than	the date of fil	ina.			_ (optional)	_
(If an effective <u>Note:</u> If the	date is listed, the date e date inserted in this effective date on the	must be specific a s block does no	and cannot be pot meet the ap	plicable statutor	ng or more than 90 d	ays after filing.) Purs	uant to 605.0207 (
	specifies a dela [,] h day after the i			not an effec	tive time, at 1	2:01 a.m. on ti	he earlier of
Dated	11/14		701	7		·	!
Daico	<del></del>		-	77			
				· /	_		

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Typed or printed name of signee

Filing Fee: \$25.00