

L17000125174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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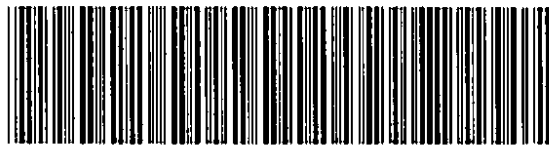
(Business Entity Name)

(Document Number)

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AUG 03 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dragonfly Capital 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:

Ricardo Tarrazo

Name of Person

Dragonfly Capital LLC

Firm/Company

2333 Brickell Avenue, Suite D1

Address

Miami, FL 33129

City/State and Zip Code

vimato65@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Tarrazo

305

4792117

at ()

Name of Person

Area Code

Daytime Telephone Number

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 Capital LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida and assigned
Florida document number L17000125174

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2333 Brickell Avenue, Suite D1

Miami, FL, 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2333 Brickell Avenue, Suite D1

Miami, FL, 33129

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ricardo Tarrazo

New Registered Office Address:

2333 Brickell Avenue, Suite D1

Enter Florida street address

Miami

City

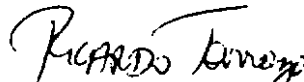
Florida

33129

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ricardo Javier Tarrazo Zaglul	21011 Johnson Street # 110	<input type="checkbox"/> Add
		Pembroke Pine, FL, 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carolina Maria Velasquez Alba	21011 Jhonson Street # 110	<input type="checkbox"/> Add
		Pembroke Pines, FL, 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Javier Tarrazo Zaglul	2333 Brickell Avenue, Suite D1	<input checked="" type="checkbox"/> Add
		Miami, FL, 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carolina Maria Velasquez Alba	2333 Brickell Avenue, Suite D1	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria I. Zaglul Aguirreurreta	2333 Brickell Avenue, Suite D1,	<input checked="" type="checkbox"/> Add
		Miami, FL, 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY
ALL INFORMATION
FLOID,

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ST. LOUIS, MO
ALL AMST. FLOWD.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 28 July 2017

Richard Torrey
Signature of a member or authorized representative of a member

RIGARDO TARRAZO
Typed or printed name of signee