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SECRETARY OF STAT

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## **COVER LETTER**

TO: Registration Se Division of Cor		,	
suвјест: <u>Drag</u>	onette Global Name of Lim	Marketing Lited Liability Company	ic
	Amendment and fee(s) are sub- ondence concerning this matter	-	
	Olivia Dro	agorette Name of Person	<u> </u>
	Dragonette	Global Mark	keting
	2700 Cocon	out Bay Ln 3	<u></u>
	Sarasota, F	FL. 34237 City/State and Zip Code	
	Oliviadraa E-mail address: It	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	ılk:	
Olivia Dra Name o	gonette Person	at ( <u>813</u> ) 727- Area Code Daytin	- 9430 ne Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	FILED
Dragonette Global (Name of the Limited Liability (A Florida Li	Company as it now appears imited Liability Company)	un our records.)  SECRETAINS
The Articles of Organization for this Limited Liability Com Florida document number <u>L20002583</u>		20 202 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	;
Nany Poppins Childcare The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	······································
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
<del></del>	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 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>	Name	Address	Type of Action
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ote: If	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be 'the date inserted in this block does not meet the ap nt's effective date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed
record s is filed		ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	April 1 202	<u> 22</u> .
	Signature of Amember or	authorized representative of a member
	Seminary injurial or or	authornica representative of a member