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(2)
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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Owing/ Name Change

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COVER LETTER

TO: Registration Se Division of Co				
Firefly The	e Real Estate Company LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kate Wood			
		Name of Person		
	ZenBusiness Inc.			
	<u> </u>	Firm/Company		
	5511 Parkerest Drive Ste	103		
		Address		
	Austin, TX 78731			
	fulfillment@zenbusiness.co	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi-	cation) 72 B	estra The
For further information o	concerning this matter, please c	all:	- 10 B	1 . es
Kate Wood c/o ZenBusi	ness Inc.	844 493-6249 at ()		The second secon
Name o	of Person		Telephone Number	ن ا ا
Enclosed is a check for t	he following amount:		, si = ==	
■ \$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	is:	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

DA 3:05

Firefly The Real Estate Company LLC

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

y were filed on 1/25/2022	and assigned	
bility company here:		
oility Company," the designati	on "LLC" or the abbreviation "L.L.C."	
916 NE 12th Terrace		
Ocala, FL 34470		
916 NE 12th Terrace		
Ocala, FL 34470		
address on our records	, enter the name of the new regi	
Enter Daniele con	re and dean.	
Enter Florida stree		
Enter Florida stree	n address, Florida Zip Code	
- -	bility company here: bility Company," the designation of the NE 12th Terrace Ocala, FL 3-4470 916 NE 12th Terrace Ocala, FL 3-4470	

Thereby 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:

or remov	ed from our records:
MGR =	Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be problem. But the app	licable statutory filing	(optional) te than 90 days after filing.) I requirements, this date w	Pursuant to 605.020 rill not be listed as
record specifies a delayed effect is filed.	ive date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
ated	. 2022			
/s/ Brittany	Lynn Fowler Signature of a member or a			
				