L23000123182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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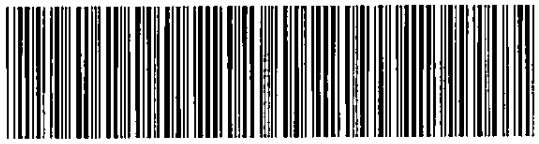

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60.00

FM
6-26-25

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Frederica S McCloud
Document Specialist

Letter Number: 125A00011930

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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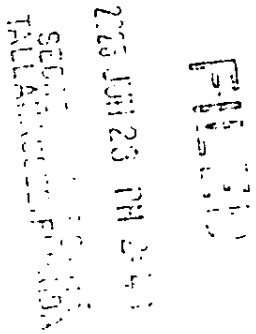
ENTER SELECTION AND CR:



RECEIVED
JUN 23 2025
By

June 3, 2025

ALEXIA DAVIDSON
7045 STIRLING RD
APT 1201
DAVIE, FL 33314

SUBJECT: SOLAIRE EVENTS LLC
Ref. Number: L23000123182

We have received your document and check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST
ENTER SELECTION AND CR:

FILED
2025 JUN 23 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SOLAIRE EVENTS 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:

ALEXIA DAVIDSON
Name of Person

FANTASY LABS STUDIOS LLC
Firm/Company

7045 STIRLING RD, APT 1201
Address

DAVIE, FL 33314
City/State and Zip Code

fantasylabstudios@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIA DAVIDSON at +1 (754) 703-0088
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 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

SOLAIRE EVENTS 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 MARCH 09, 2023 and assigned Florida document number L23000123182.

This amendment is submitted to amend the following:

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

FANTASY LABS STUDIOS LLC

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)

10404 W State Road 84, Unit #109, Davie, FL 33324

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10404 W State Road 84, Unit #109, Davie, FL 33324

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: ALEXIA DAVIDSON

New Registered Office Address: 10404 W State Road 84, Unit #109
Enter Florida street address

Davie, FL, Florida 33324
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.

A. Davidson
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

Title	Name	Address	Type of Action
DIR.	ANDREW DUSSARD	10404 W State Road 84, Unit #109, Davie, FL 33324	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: Immediate **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 25 . 2025 .

A. Davidson

Signature of a member or authorized representative of a member

ALEXIA DAVIDSON

Typed or printed name of signee

Filing Fee: $25.00