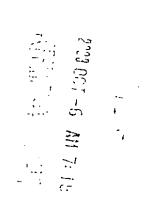
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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		



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A. RIVERS 0CT 2 3 2023

Office Use Only

COVER LETTER

O: Registration Section Division of Corporations	
EBJECT: Dragonfly Fa	rms Delem Springs
The enclosed Articles of Amendment and fee(s) are	submitted for filing
Please return all correspondence concerning this ma	itter to the following:
	Melissa Chadwell Name of Person
_Dragor	fly farms, Delon Springs
4500	Reed St.
Del	eon Springs, Pl 32130
<u>dragonf</u>	-eon Springs, Fl 32130 Ly forms 4500@gmail.com Essertit be used for nature annual report north attorn
or further information concerning this matter, plea	ise call
Melissa Chadwell Name of Person	at (386), 689 - 2111 Area Code Daytime Felephone Number
Inclosed is a check for the following amount:	
✓ \$25 00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of State	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dragonfly Farms, De Leon Springs

(Name of the Limited Liability Compa (A Florida Limited L	ny as if now appears on ou hability Company)	r records.)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L 23000 318398</u> .	were filed on	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
to new name unist be distinguishable and contain the words "Lumited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		100 T - 0 T	
 If amending the registered agent and/or registered office agent and/or the new registered office address here; 	address on our records	. enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	17 - 17 - 1		
	Enter Florida street address		
	Cuv	, Florida	
ew Registered Agent's Signature, if changing Registered Agent:	•	·	
hereby accept the appointment as registered agent and agra		iv. I further agree to comply with the	

rovisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

4GR = Manager .MBR = Authorized Member

<u>ïtle</u>	Name	Address	Type of Action
1GR	Jeff Chadwell	4600 Reed Street Delean Springs, Fl 32130	⊐Add ò
			□Remove
			TJAdd
]Remove
			□Clunge
			□Add
			□Remove
			Change
			JAdd
		IRemove	
			Il Change
			∃Add
	·		TRemove
			□Clumge □Add
			TiRenove
			□Chaage

2. If amending any other information, enter change(s) here: (Attach additional sheets, it necessary.)
Just need Jeff Chadwell's name
corrected. The 1st & last name were
reversed on the application.
Should be Jeff Chadwell
· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing:
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 cord is filed.
Dated 9 3 2 3
M. Chadwell
Signature of a member of authorized representative of a member
Melissa Chadwell
Typed or printed name of signee