L24000061986

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

2024 MAR 26 PM 3: 1

COVER LETTER

TO: Registration Solution of Col					
SUBJECT: Dragonfly	Party Rentals, LLC				
		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:	IAL	2024 HAR 26 PM 3: 20 SECRETARY OF STATE	
	Heather L. Hill		<u>-</u>	ET/R	**************************************
		Name of Person		55 26 E	5
			ć	26 PM 3: 2	
		Firm/Company		3: 20 STATI	
	6 Danukara Di			μη —	
	6 Bayshore Pt	Address			
		Addiess			
	Valparaiso, FL 32580				
		City/State and Zip Code			
	heatherleigh83@icloud.cor	n			
	E-mail address: (to be used for future annual report notifi	ication)		
For further information c	oncerning this matter, please c	all:			
Heather L. Hill		at (850) 974.2089	_		
Name o	d Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	
Mailing Addres Registration S		Street Address: Registration Sec	tion		
Division of C		Division of Corp			

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dragonfly Party Rentals, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ulity Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on 02/02/2024 an	d assigned
forida document number L24000061986		_
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	17. 17.	
_	RE LL	
	TAR AH) (1442
nter new mailing address, if applicable:		Section 2
Mailing address MAY BE A POST OFFICE BOX)	mo o	4 7 5
	FA :	3
-		
. If amending the registered agent and/or registered office add	ress on our records, enter the name of the	new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip C	iode

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

Add EIN Number 99	-1168450						
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fective date, if other the effective date is listed, the ote: If the date inserted in the ocument's effective date o	date must be specific a this block does not	nd cannot be prior t meet the applic	to date of filing or able statutory fil	more than 90 days ing requirements	after filing.) Put	suant to not be	605.020 listed a
record specifies a delayed is filed.	effective date, but no	ot an effective ti	ime, at 12:01 a.m	n on the earlier o	f: (b) The 90	th day a	ifter the
eted February 22		2024					
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	C:	a member or auth	animad assess				