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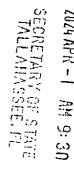
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COVER LETTER

Division of Cor					
Dragonfly /	Analytics LLC				
SUBJECT:	Name of Lim	ited Liability Company	···		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Thomas Murphy				
		Name of Person			
		Firm/Company			
	2000 Rossmore Ct		SEC.	2024 APR -	1
		Address	LRE	PR II	,
	New Smyrna Beach, FL 32	2168	AHA?	yrit.	
	irishkidsinvest@gmail.com	City/State and Zip Code	SSEE.	M 9: 30	٠
		to be used for future annual report notif	ication)	30	
For further information c	oncerning this matter, please c	all:			
Thomas Murphy		407 625-6616 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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 State Certified Copy (additional copy is enc		
Mailing Addres Registration		<u>Street Address:</u> Registration Sec	etion		
Negistration (Division of Com			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) nited Liability Company)	
pany were filed on <u>02/07/2024</u>	and assigned
liability company here:	
Liability Company," the designation "LI.C" of	or the abbreviation "L.L.C."
<u> </u>	021 AP
	27A - 1
	me o
	<u> </u>
Tice address on our records, enter th	e name of the new registered
Enter Florida street address	
,,,,,,	ida Zip Code
	Liability Company here: Liability Company," the designation "LLC" of the designation of

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>	<u>Name</u>	Address	Type of Action
MGR	MATE KISS-GYORGY		🗆 Add
		KAVICS STREET 13-15/A BUDAPEST, HU 1025	■ Remove
			□Change
			🗆 Add
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			□Change
		S	□ Add
		ECHETARY TAIL AHAS	1 Change
		S OF THE PROPERTY OF THE PROPE	EPAdd □
			☐ Change
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n effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable.	late of filing or m e statutory filin	ore than 90 days	optional) after filing.) Pu s, this date wil	rsuant to t I not be I	isted a
n effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time.	e statutory filin	ore than 90 days g requirements	s after filing.) Pu s, this date wil	l not be l	isted a
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to dete: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records. The determinant of State and the date of the	e statutory filin , at 12:01 a.m. :	ore than 90 days g requirements	s after filing.) Pu s, this date wil	l not be l	isted a

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Filing Fee: \$25.00