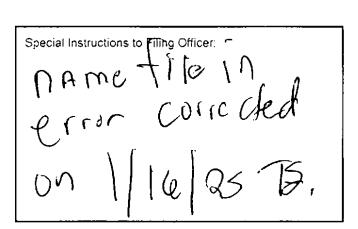
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

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:
Please return all correspondence concerning this matter to the following:
Michelle Binkewicz
Name of Person
Damselfly Guesthouse LLC
Firm/Company
2400 Sea Breeze Ct
Address
Orlando FL 32805
City/State and Zip Code
binkmich@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Binkewicz 407 765-9659 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Damselfly LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	<u>,)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.25000016797	were filed on 1/9/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Damselfly Guesthouse LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		TSE OF
		<u> </u>
		7 STE
Enter new mailing address, if applicable:		<u>ن ت</u> ر
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter	the name of the new registere
agent and/or the new registered office address here:	add ess on our records, enter	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address, Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete		

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

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
	<del></del>		□Add
		<del>-</del>	□Remove
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			□Remove
			□Change

). If amending any other inform			, , , , , , , , , , , , , , , , , , ,	
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	plock does not meet the ap	prior to date of filing or pplicable statutory fil	more than 90 days after filin ing requirements, this dat	) g.) Pursuant to 605.0207 (3) e will not be listed as the
the record specifies a delayed effect ecord is filed.	ive date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	he 90th day after the
Dated January 15	. 2025			
	$\geq$			
	Signature of a member or	authorized representati	ve of a member	
Michelle Binkewicz				
·	Typed or r	printed name of signee		=

Filing Fee: \$25.00