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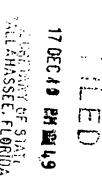
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DEC 2 0 2017 Y SULKER

VANEK VICKERS MASINI E-Mail Address: ARODRIGUEZ@VANEKLAW COM

December 15, 2017

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

Re: Dynamite Technologies, LLC's Articles of

Amendment

Our File No.: 10-0123

Dear Sir or Madam:

I am enclosing for filing on behalf of Dynamite Technologies, LLC signed Articles of Amendment to Articles of Organization. Enclosed is also a check, payable to the "Florida Dept. of State" in the amount of \$25.00 to cover the filing fee.

Should you have any questions about this filing, please do not hesitate to contact me at 312-224-1524.

Very truly yours,

EK, VICKERS & MASINI, P.C.

Enclosures

AR/ar

COVER LETTER

| TO: Registration S Division of Co | | | | | | |
|--|---|---|--|---------------|-----|-----|
| Dynamite | : Technologies, LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | • | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | | |
| Please return all corresp | condence concerning this matter | r to the following: | | | | |
| | Alberto Rodriguez | | | | | |
| Name of Person | | | | | | |
| Vanek, Vickers & Masini, P.C. | | | | | | |
| Firm/Company | | | | | | |
| 55 W Monroe Street, Ste 3500 | | | | | | |
| | **** | Address | | | | |
| | Chicago, II. 60603 | | | | == | |
| | | City/State and Zip Code | | 7 | 9 | |
| | -ARodriguez@Vaneklaw.co | | | ₩ | 930 | |
| | | to be used for future annual repor | t notification) | 386 X83 | 5 | *** |
| For further information (| concerning this matter, please c | all: | | سے تیاجہ | 9 | IT |
| Alberto Rodriguez | | 312 224-155 | 24 | <u> </u> | | |
| Name o | of Person | | aytime Telephone Number | G RIDA | 6,4 | |
| Enclosed is a check for t | 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 St Certified Copy (additional copy is c | atus & | | |

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| s, LLC |
|--|
| of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| Limited Liability Company were filed on May 23, 2010 and assigned |
| end the following: |
| ew name of the limited liability company here: |
| contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| |
| ss, if applicable: |
| A STREET ADDRESS) |
| <u> </u> |
| 7 |
| licable: |
| to the second se |
| **OFFICE BOX) |
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| |
| agent and/or registered office address on our records, enter the name of the new |
| gistered office address here: |
| » |
| gent: |
| I |
| Enter Florida street address |
| Florida |
| City Zip Code |
| Enter Florida strect address , Florida |

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

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> | Name | Address | Type of Action |
|--------------|---------------|-----------------|----------------|
| MGR | Jeff DiFazzio | 80 S.W. 8th St | DAdd |
| | | Ste 2000 | В Кетоуе |
| | | Miami, FL 33130 | ☐ Change |
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| Effective date, if other than th | e date of fili | ng: | | (o | ptional) | S | Ŕ | Ţ |
| If an effective date is listed, the date mu. Note: If the date inserted in this bedocument's effective date on the f | lock does not | meet the applic | able statutory fil | more than 90 days a ing requirements, | ifler filing.) Pursi this date will n | ian ≥0 3 95. ot 55 listo >> | 020 <u>2 (</u> 3)(da szt he | (b) |
| he record specifies a delaye The 90th day after the re | d effective | date, but no | ot an effective | time, at 12:0 | 1 a.m. on th | ne earlie | r of: | |
| The Soul day after the rea | cord is med | . | | | | | | |
| Dated December | | 2017 | · - | | | | | |
| 1 | 7 | 1/// | | | | | | |
| | Signature of | a mornior or auth | orized representati | ve of a member | : | | | |
| | | Теггу С | erkin | | | | | |
| | | | | | | | | |

Page 3 of 3

Filing Fee: \$25.00