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COVER LETTER

TO:	Registration Se Division of Cor				
QIID IE4		4 PROPERTIES LLC			
Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum all correspo	ndence concerning this matter	to the following:		
		CYNTHIA JOHNSON			
			Name of Person		
			Firm/Company	 	
		PO BOX 245595			
		PEMBROKE PINES, FL	Address 33024		
		cj4uu02@gmail.com	City/State and Zip Code		
For furth	ner information c	E-mail address: (to be used for future annual report no all:	tification)	
CYNTH	IIA JOHNSON		954 254-1487		
	Name o	f Person	al () Area Code Dayti	me Telephone Number	
Enclosed	d is a check for th	ne 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 Status & Certified Copy (additional copy is enclosed)	
	\int				
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 2	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAMIC 4 PROPERTIES, LLC (Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/25/2013 and assigned Florida document number 113000043795 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

Title	Name	<u>Address</u>	Type of Action
MGR	REGINA JOHNSON	PO BOX 190202, ANCHORAGE,	
		AK 99519	
			■ Петюче
			Change
MGR	MOSES M JOHNSON	3501 SUNBRIGHT LANE, RELAEIGH, NC 27610	
			Remove
			Change
			Add
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Dated SEPTEMBER 5	201	9			
the record specifies a delayed) The 90th day after the reco	effective date, ord is filed.	but not an effecti	ive time, at 12:01	a.m. on the ea	arlier of:
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	the specific and canno ock does not meet th	ie applicable statutory	or more than 90 days after	ional) r filing.) Pursuant to is date will not be	o 605.0207 (listed as ti
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Filing Fee: \$25.00