

L150000 28278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

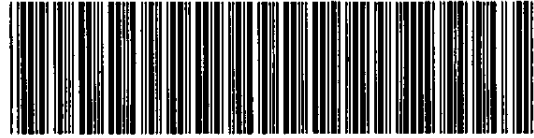
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800270190018

03/05/15--01012--005 **25.00

DEPARTMENT OF STATE
MILWAUKEE, FLORIDA

15 MAR -5 AM 11:19

FILED

MAR 23 2015

C. CARROTHERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Whole Dynamic, LLC
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:

Liane Gillis
Name of Person

Whole Dynamic, LLC
Firm/Company

6314 Corporate Court, Suite 130
Address

Fort Myers, FL 33919
City/State and Zip Code

Liane.Gillis@wholedynamicLLC.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liane Gillis at (239) 900-5506
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Whole Dynamic, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 16, 2015 and assigned Florida document number L15000028278.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLP."

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)

6314 Corporate Court, Suite 130
Fort Myers, FL 33919

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:

6314 Corporate Court, Suite 130
Enter Florida street address
Fort Myers, Florida 33919
City Zip Code

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.

Bill (change of address only)
If Changing Registered Agent, Signature of New Registered Agent

FILED
15 MAR -5
11:19
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Liane Gillis	15320 Sonoma Drive Apt 306 Fort Myers, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Liane Gillis	6314 Corporate Court, Suite 130 Fort Myers, FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Jonathan Gillis	6251 Pimlico Road Apt D Baltimore, MD 21209	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Jonathan Gillis	6314 Corporate Court, Suite 130 Fort Myers, FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Feb 28, 2015.



Signature of a member or authorized representative of a member

Liane Gillis

Typed or printed name of signee