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(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)	······			
(City/State/Zip/Phone #)					
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(Bu	siness Entity Nan	ne)			
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* COVER LETTER

	stration Scion of Co	ection rporations		
SUBJECT:	Dyn	asty Home Furnish	ings LLC	
ocadaci.	•	Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	umitted for filing	
			_	
Please return a	ili correspo	ondence concerning this matter	to the following:	
		ROBERT WA	ALASON Name of Person	
		Dynasty Hor	me Furnishings LL	С
		5500 N Milita	ary Trail #634	
			Address	
		BOCA RATO	ON, FL 33496	
			City/State and Zip Code	
		bob@mygre	atmoves.com to be used for future annual report noti	(fication)
For further infe	ormation c	oncerning this matter, please c	-	
ROBE	ERT V	VALASON	at (<u>561-400-01</u> Area Code Daytim	63
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a c	check for t	he following amount:		
□ \$25.00 Fili	ing 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)
	Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 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 Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	ROBERT WALASON	5500 N Military Trail #634 BOCA RATON FL 3349	Add Add
			□ Remove
			Change
<u>MGR</u>	Stephen lervolino	9330 Cherry Blossom Ct BOYNTON BEACH, FL 334	37 Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
Р	Stephen lervolino 93	30 Cherry Blossom Ct BOYNTON BEACH, FL 33437	□ Add
			Remove
			_ Change
VP	Robert Walason 5500	N Military Trail #634 BOCA RATON FL 33496	_□ Add
			_Exemove
			Change
			_□ Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			□ Change

Page 2 of 3

A drange to Manager from P. UP &

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	18 As	TALLA FALLA
	APR 30	AHASSEE, FLORIDA
	70	EE, FI
<u></u>	3: 25	02107
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3)(b) d as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	r of:	
Dated 4/27/18		
Robert Walason Stephen Servoli Signature of a member or authorized representative of a member	no	
Robert Walason Stephen, lervolino		
De But alle Typed or printed name of signed with will not	\supset	

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Filing Fee: \$25.00