# 1210051916/

| (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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2024 APR 11 PM 4: SECRETARY OF STA FALLAHASSEE, FLOR

1. HUNT CV/11/2/



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:        | 04/11/2024  |                              |             |
|--------------|---|------------------------------|-------------|
|              | Patrice Rush  |                              |             |
| Reference #  | 2329513   |                              |             |
|              | .c  | DYMA, LLC                    | <del></del> |
| ✓ Amer       | es of Incorporation/Authori<br>ndment<br>ge of Agent<br>statement | ization to Transact Business |             |
| Conv         | ersion  |                              |             |
| ☐ Merge      | er  |                              |             |
| ☐ Disso      | olution/Withdrawal  |                              | 7: 42       |
| ☐ Fictiti    | ous Name  |                              |             |
| ✓ Other      | PLEASE PROVIDE O  | CERTIFIED COPY UPON FILING   | LE SECOND-  |
|              |   |                              |             |
| Authorized A | Amount: \$55.00   | )                            |             |

P: +852.2682.9633

F: +852.2682.9790

## COVER LETTER

|                | istration Se<br>ision of Cor |  | ,  |                  |
|----------------|------------------------------|--|--|------------------|
| CHD IECT.      | DYMA, LL                     |  |  |                  |
| SUBJECT:       |                              |  | ited Liability Company   |                  |
| The enclosed   | l Articles of                | Amendment and fee(s) are sub                 | omitted for filing.  |                  |
| Please return  | all correspo                 | ndence concerning this matter                | to the following:  |                  |
|                |                              | Nathan Rekant                                |  |                  |
|                |                              |  | Name of Person   |                  |
|                |                              | AOM Services, LLC                            |  |                  |
|                |                              | <del></del>                                  | Firm/Company   |                  |
|                |                              | 207 Rockaway Tpke                            |  |                  |
|                |                              |  | Address  |                  |
|                |                              | Lawrence, NY 11559                           |  |                  |
|                |                              |  | City/State and Zip Code  |                  |
|                |                              | nathan@aomservicesllc.cor                    |  | . 2              |
|                |                              | E-mail address: (                            | to be used for future annual report notification)  |                  |
| For further in | nformation co                | oncerning this matter, please co             | all:   |                  |
| Nathan Reka    | ant                          |  | 516 295-3294<br>at ( )   |                  |
|                | Name of                      | f Person                                     | Area Code Daytime Telephone Number   | 7:42             |
| Enclosed is a  | check for th                 | ne following amount:                         |  |                  |
| □ \$25.00 F    | Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy | f Status &<br>py |
|                | iling Addres                 |  | Street Address: Registration Section   |                  |
|                | gistration S<br>vision of C  | section<br>orporations                       | Registration Section Division of Corporations  |                  |
|                | ). Box 632                   |  | The Centre of Tallahassee  |                  |
| Tal            | lahassee. I                  | 71, 32314                                    | 2415 N. Monroe Street, Suite 810   |                  |

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DYMA, LLC  |   |   |
|--|---|---|
| (Name of the Lim   | ited Liability Company as it now appears<br>(A Florida Limited Liability Company) | on our records.)                            |
| The Articles of Organization for this Limited I  | liability Company were filed on 12/1  | 0/2021 and assigned                         |
| lorida document number 1.21000519181   | ·   |   |
| iorida document number   | <del>-</del>  |   |
| his amendment is submitted to amend the fol  | lowing:   |   |
| . If amending name, enter the new name of  | of the limited liability company her  | <u>e</u> :                                  |
| ADYM Orlando, LLC  |   |   |
| he new name must be distinguishable and contain the  | words "Limited Liability Company," the des  | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli  | eable:  |   |
| • •  |   |   |
| <u>Principal office address MUST BE A STREE</u>  | ET ADDRESS)   |   |
|  |   |   |
|  |   | ·   |
| Enter new mailing address, if applicable:  |   |   |
| Mailing address MAY BE A POST OFFICE   |   |   |
| Manag wateress MAT DE AT 1003 OF THE   |   |   |
|  |   |   |
| 3. If amending the registered agent and/or   | nogistarial office address on our rec   | and anter the name of the new regist        |
| <ol><li>If amending the registered agent and/or<br/>igent and/or the new registered office addre</li></ol> |   | F. N  |
|  | <del></del>   |   |
| Name of New Registered Agent:  | AOM Services, LLC   |   |
| New Registered Office Address:   | 1340 NE 174th St  |   |
| rem registered Office (Maress.   | Enter Floria  | la street address                           |
|  | North Miami Beach   | Florida                                     |
|  | City  | Zin 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.

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> | <u>Name</u>  | <u>Address</u>     | Type of Action                                |
|--------------|--------------|--------------------|---|
| MGR          | Jason Lieber | 28 Auerbach Lane   | □ Add   |
|              |              | Lawrence, NY 11559 | □Remove                                       |
|              |              |                    | □Change                                       |
|              |              |                    | 🗆 Add   |
|              |              |                    | □Remove                                       |
| -            |              |                    | □ Change                                      |
|              |              |                    |   |
|              |              |                    | □Remove                                       |
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|              |              | <u> 200000 </u>    | □Change                                       |
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|              |              |                    | □Change                                       |

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| ective date, if other than the of effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the De | ick does not meet the applicable s       | e of filing or more than 90 days after that the control of the con | t <b>ional)</b><br>er filing.) Pursuant to 605,<br>nis date will not be liste |
| record specifies a delayed<br>he 90th day after the reco  | effective date, but not an ord is filed. | effective time, at 12:01   | a.m. on the earlie  |
| ed April 10th   | . 2024                                   |  |   |
|   |  |  |   |
| /s/ Jason Lieber  | Signature of a member or authorized      |  |   |

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Filing Fee: \$25.00