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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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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 1/18/2019
	Acc#120160000072
Name:	INVESTMENT ADVISOR INSTITUTE, L.L.C.
Document #:	
Order #:	11380772
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00
	Thank you!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Investment Advisor Institut	<u>·</u>
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Janis A. Paiva, Senior Paralegal	
Name of Person	•
c/o McGuireWoods LLP	
Firm/Company	*************************************
800 East Canal Street	
Address	
Richmond, VA 23219	
City/State and Zip Code	ATT THE PARTY OF T
wflowers0523@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, ples	ase asli.
Janis A. Paivaat	004 775 7900
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallabasses, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Begin{align*} \text{\$\text{\$\text{\$}}\$ \$25 Piling Fee} & \Begin{align*} \text{\$\text{\$\text{\$}}\$ \$30 Piling Fee} & \Begin{align*} \text{\$\text{\$\text{\$}}\$ \$Certifleate of Status} \end{align*}	1 \$55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status &
CR2H055 (9/15)	Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CIPCIPITON' I /I A mount by a contract by

•	SECTION	N I (1-4 must be c	ompleted)		
1. Name of limited ilability Con	npany as it appear	s on the records o	f the Florida De	partment of	
State: Investment Advi	isor Institute, L	L.C.			
Enter new principal office addres	s, if applicable:				
(Principal office address	, - "FF				(,
MUST BE A STREET ADDRES	<u>22</u>)		· · · · · · · · · · · · · · · · · · ·		
					,
Buter new mailing address, if opp (Mailing address MAY BE A POST OFFICE BO)					
2. The Florida document number	of this limited lin	bility company is:	M1700000)1475	
l. Jurisdiction of its organization	: Virginia				·
I. Date authorized to do business)17		
SECTION II (5-9 complete only	the applicable of	changes)			
5. New name of the limited liabil	ity company:	ynaLogic LL	C		
	(musi	contain "Limited	Liability Compa	ny, " "L.L	.C.," or "LLC.")
If name unavailable, enter alternations of the written consent of the nust contain "Limited Lisbility Co." If amending the registered agen	managers or man company," "L.L.C at and/or registere	aging members as " or "LLC.") d officer address o	dopting the after	nate name,	The alternate name
egistered agent and/or the new re					
Same of New Registered Agent:	-	Pine Island R	oad	·····	
low Rogistered Office Address:	1200 004111		Enter Florida Si	reet Addre	55
	Pi	antation		., Florida	33324
	_	Clty			Zip Code
Now Registered Agent's Signature hereby accept the appointment of he provisions of all statutes relate nd accept the obligations of my p ocument is being filed to merely	s registered agen ive to the proper cosition as registe reflect a change t	t and agree to act and complete performed agent as proving the registered of the registered of	ormance of my d Ided for in Chap	luites, and . ter 605, F.	l am familiar with S. Or, if this
ability company has been notifie	d in writing of thi	s change.	Mehaon		Judith Argao
	IfCi	anging Registere	Agent, Signatu	ro of News	Vice President

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:						
If the amendment of	changes person, title or capacity	in accordance with 605,0902 (1)(e), indicate that				
tle/ Copacity	Namo	Addross	Type of Action			
			Add			
•			Remove			
·			Add			
			Remove			
			bbA			
		,	Remove			
			Add			
			Remove			
			Add			
orementioned am	cate, if required; no more than 9 endment(s), duly authenticated to no law of which this entity is org	by the official having custody of records in the	Remove			
	Signature	it has allutotized representativo				
	William W. Flowers, M	anager and Member				

Filing Fee: \$25.00

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That DynaLogic LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on February 08, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

The name of Investment Advisor Institute, L.L.C. was changed to DynaLogic LLC pursuant to a certificate of amendment issued by the Commission effective as of January 7, 2019.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: January 16, 2019

Joel H. Peck, Clerk of the Commission