

L 000000 14622

(Requestor's Name)

(Address)

(Address)

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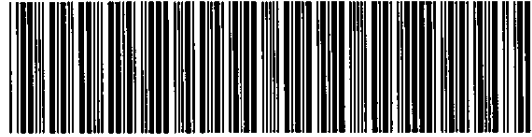
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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B. KOHR

SEP 16 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

\* File Second \*

CONTACT: ASHLEY SMITH

DATE: 09-15-2008

REF. #: 000687.92417

CORP. NAME: DYNAMIC DEVELOPMENT, L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION
- ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME
- FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY
- REINSTATEMENT       MERGER       WITHDRAWAL
- CERTIFIC.
- OTHER:

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STATE F 27565 FOR \$ 55.00

AUTHOR CERT 30

BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

\* File Second \*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DYNAMIC DEVELOPMENT, L.C.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 28, 2000 and assigned Florida document number L00000014622.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dynamic Development of Pinellas County, LLC

The new name must be distinguishable and end with 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)

2155 Glen Drive

Safety Harbor, FL 34695

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2155 Glen Drive

Safety Harbor, FL 34695

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:

HRAWG Corp.

New Registered Office Address:

1801 N. Military Trail, Suite 200

(Enter Florida street address)

Boca Raton

(City)

Florida 33431

(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 608, 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)

By: James M. Hankins, Vice President

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank Orsi	401 South Lincoln Avenue Clearwater, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vincenza Orsi	2155 Glen Drive Safety Harbor, FL 33431	<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
			<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 8, 2008

X Vincenza Orsi  
Signature of a member or authorized representative of a member

Vincenza Orsi, MGRM  
Typed or printed name of signee