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TO: `

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Alegna Designs L.L.C SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Angela M De Sousa Name of Person Alegna Designs L.L.C Firm/Company 1835 NE Miami Gardens Drive, Suite 128 Address North Miami Beach Florida 33179 City/State and Zip Code alegnadesigns@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 2807861 Angela De Sousa Daytime Telephone Number Name of Person Enclosed is a check for the following amount: र्द्ध \$55.00 Filing Fee & □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alegna Designs L.L.C				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 11 2004 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Dynamic Growth Consulting L.L.C				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1835 NE Miami Gardens Drive			
Principal office address MUST BE A STREET ADDRESS)	Suite 128			
THE HAIR OFFICE MANY STATES TO BE TO STREET THE BRESS,	North Miami Beach, Florida, Zip 33179			
Inter new mailing address, if applicable:	1835 NE Miami Gardens Drive			
Mailing address MAY BE A POST OFFICE BOX)	Suite 128			
	North Miami Beach, Florida, Zip 33179			
3. If amending the registered agent and/or registered office a				
gent and/or the new registered office address here:	$\frac{\omega_{1}}{\omega_{1}}$ ω			
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	·: ω			
	Enter Florida street address			
	, Florida			
	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.

If amen ting Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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March 27	2023			
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	Signature of a member of au	norized representative of a	member	