## 0000084386

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corpo				
subject: Dync	Mame of Lin	mited Liability Company)		
	mendment and fee(s) are subdence concerning this matter			
	Dynamic	Name of Person)  Firm/Company)	<u></u>	06 Divisit
	GAINESVILLA	(Address)  (Address)  (State and Zip Code)		SECRETARY OF SIAL ON SECRETARY OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS
For further information con	CK > SICK (Name of Person)	eall:at (352) (Area Code & Daytime	3-4555 e Telephone Number)	) is
Enclosed is a check for the fo	Illowing amount:  \$\(\sum_{\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	osed)
MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 3 28 06 and assigned document number 0000044386.	
SECOND:	This amendment is submitted to amend the following:	
	THAT THE "REGISTERED AGONT" FOUL A. MCK.	issick
	15 TO be added as a "Menager / Member Det	ail"
	as well as the "Registered Agent"	
	3.	
	PAUL A. MCKISSICK-MGRM	
	GEOI NW 29th tor.	
	Bainesville FC. 32653	190 1918 198
		RY COR
		POR
Dated	lecember 4, 2006.	DEC 12 AH 11: 09
	Signature of a member or authorized representative of a member  Paul A. MCMISSICK  Typed or printed name of signee	

Filing Fee: \$25.00