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SECRETARY OF STATE

J. BRYAN

SEP 25 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2009

VINCENT M. ALLORA SILENT DYNAMITE DESIGN SERVICES, LLC 215 EDWARDS LANE PALM BEACH SHORES, FL 33404

SUBJECT: SILENT DYNAMITE DESIGN SERVICES, LLC

Ref. Number: L07000026785

O9 SEP 24 PM 1:41
SECRETARY OF STATE

We have received your document for SILENT DYNAMITE DESIGN SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 809A00029832

COVER LETTER

TO: Registrat Division o	ion Section of Corporations	l	, Î
SUBJECT:	SILENT DYNAMIT	E DESIGN SERVICES, L	LC.
	Name of L	imited Liability Company	***************************************
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
		VINCENT M. ALLORA	
		Name of Person	
	SILENT DY	NAMITE DESIGN SERVICES	, LLC.
	***************************************	Firm/Company	A CALLELLAND AND AND AND AND AND AND AND AND AND
		215 EDWARDS LANE	
	**************************************	Address	
	PALM BE	EACH SHORES, FLORIDA 33	404
	alma, et più en con e da sura, d es la laca a a pa del de ca el pas sura a de cale più a de cale più a de cale p	City/State and Zip Code	<u> </u>
	VIN	@SILENTDYNAMITE.COM	
	E-mail addres	s: (to be used for future annual report notific	ation)
For further informa	ation concerning this matter, pleas	se call:	
VI	NCENT M. ALLORA	at (954)	214-2567
N	Name of Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ee \$\begin{aligned} \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

import	SECRETARY OF	09 SEP 24 PM	FILED
,)	LORIC	ETATE	

SILENT DYNAMITE DESIGN SERVICES, LLC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2007 and assigned L07000026785 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SILENT DYNAMITE, 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) SILENT DYNAMITE, LLC. Enter new mailing address, if applicable: P O BOX 530188 (Mailing address MAY BE A POST OFFICE BOX) LAKE PARK, FLORIDA 33403 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: New Registered Office Address: 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 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

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 **Type of Action Address** Title Name JENNIFER L. ALLORA MGRM CALLE DELFOS #2122 [√] Add Remove ALTO APOLO GUA 'NABO PLIERTO RICO 00969] Add Remove ☐ Add Remove Add Remove ☐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00