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OCT 10 2011

EXAMINER



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10/07/11--01026--024 **25.00

11 OCT -7 PH 2:48
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C					
SUBJECT:	Dynamic 7	itle Services, LLC			
		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.			
Please return all corres	pondence concerning this matte	to the following:			
		Barry Horvath			
		Name of Person			
	Dyn	amic Title Services, LLC			
		Firm/Company			
	2150	Seven Springs Boulevard			
		Address			
		Trinity, Florida 34655			
		City/State and Zip Code			
	barryl	norvath@mindspring.com to be used for future annual report notific	erion)		
For fumbor information	concerning this matter, please of	•	ation		
roi tuttiei information	concerning this matter, please t	an:			
E	Barry Horvath	at (727) 9	34-9348		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R 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**

(Name of the Limited (A	namic Title Services, LLO Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Li	6/07/2007	and assigned			
Florida document number L07000060	182				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I			CT-7 PH 2: HASSEE. FLO		
			RIDA RIDA		
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, <u>enter t</u>	the name of the new		
Name of New Registered Agent:	Kyle Horvath				
New Registered Office Address: 2150 Seven Springs Boulevard					
-	Enter Florida street address				
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Barry Horvath	2150 Seven Springs Blvd Trinity, FL 34655	Add Remove
<u>MGRM</u>	Kyle Horvath	2150 Seven Springs Blvd Trinity, FL 34655	✓ Add Remove
<u> </u>			Add Remove
			Add Remove
			□ Domovo
			□ Domovo
D. If amend	ing any other information,	enter change(s) here: (Attach additional sheets, if neces	ssary.)
_			
_	October 5th	2011	
Dated	October 5til		
	Signatur	e of a member or authorized representative of a member	
		Barry Horvath Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00