

L070000L018Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

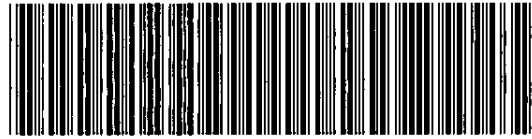
Special Instructions to Filing Officer:

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**G. MCLEOD**

OCT 10 2011

**EXAMINER**



400212865504

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

**FILED**  
11 OCT -7 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: \_\_\_\_\_ Dynamic Title Services, LLC \_\_\_\_\_**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
**Barry Horvath**  
Name of Person

\_\_\_\_\_  
**Dynamic Title Services, LLC**  
Firm/Company

\_\_\_\_\_  
**2150 Seven Springs Boulevard**  
Address

\_\_\_\_\_  
**Trinity, Florida 34655**  
City/State and Zip Code

\_\_\_\_\_  
**barryhorvath@mindspring.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
**Barry Horvath** at ( **727** ) \_\_\_\_\_ **934-9348**  
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)
- \$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



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	Barry Horvath	2150 Seven Springs Blvd Trinity, FL 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kyle Horvath	2150 Seven Springs Blvd Trinity, FL 34655	<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 October 5th, 2011.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Barry Horvath  
 \_\_\_\_\_  
 Typed or printed name of signee