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M. THOMAS

JUL - 8 2008

EXAMINER



TO: Registration Section
Division of Corporations

SUBJECT: DYAMIC New U. L.C.
(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:

(Name of Person)			
Dynanic New U, LLC (Firm/Company)			
(Firm/Company)			
709 Standish Dr.			
(Address)			
Sto Aug. ; 71 32086			
(City/State and Zip Code)			

For further information concerning this matter, please call:

(Name of Person)

(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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2008

LINDA GAY 709 STANDISH DRIVE ST. AUGUSTINE, FL 32086

SUBJECT: DYNAMIC NEW U, LLC

Ref. Number: L07000064447



We have received your document for DYNAMIC NEW U, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00038286

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 44	were filed on 6/19/07	and assigned L		
This amendment is submitted to amend the following:		H STA		
A. If amending name, enter the new name of the limited liab	ility company here:			
Y	1/A	•		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	709 STANDS St AGUSTA 3208	e, H		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	709 87ADIS 8t ARUSKA 320	2 D/. e A1		
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 addr	ess)		
	·			
	(City), Florida	(Zip Code)		
N. D. Call I.A. 41 Character of the Designation of Assert	·			

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)

•

MGR = Manager

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:

MGRM = Managing Member <u>Name</u> **Address Type of Action** <u>Title</u> □ Add Remove Remove Add 🗂 Remove 🗖 Add Remove **7** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 80 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00