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(Re	equestor's Name)	
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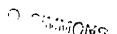




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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: PROG	CESS CONTROL Name of Lim	DyNAM ICS, Control Liability Company	.60
	, , ,	, , , , , , , , , , , , , , , , , , ,	
	Amendment and fee(s) are sub-		
Please return all correspondence	ondence concerning this matter	to the following:	
	PAUL Bil	bich	
		Name of Person	
		Firm/Company	
	866 KAZE	in ST.	
		Address	
	PALM HARIBO	Address R / FL / 34684 City/State and Zip Code P ROASTER DY NAM2 to be used for future annual report notif	<u>/</u>
	2/2/201/4	City/State and Zip Code	res LLC
	E-mail address (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ea		
PAUL BIE	7.764	at (<u>847</u>) <u>370</u> Area Code Daytime	-8231
Name e	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Process Control Dynar (Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ied Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/01/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	
ROASTER DYNAMICS, LLC The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	1
Enter new mailing address, if applicable:	;
Mailing address MAY BE A POST OFFICE BOX)	
•	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	d office address on our records, enter the name of the no here:
	er en
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
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ective date, if other than the officerive date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be ck does not meet the ap	oplicable statutory (or more than 90 days after	filing.) Pursuant to 605.0.
record specifies a delayed he 90th day after the reco		t not an effectiv	re time, at 12:01 a	a.m. on the earlier
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\ -		W.C.S.		
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	Signature of a member or	andbaggard	the art a man-	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00