111000086217

(Re	equestor's Name)			
(Ad	dress)	. <u></u>		
(Ad	ldress)			
(City/State/Zip/Phone #)				
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(Bu	siness Entity Nan	nė)		
(Document Number)				
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SECRETARY DE STAIR

T. CLINE
NOV 13 2012
EXAMINATION



October 22, 2012

RAQUEL CONNER 990 SOUTH FLAMINGO ROAD DAVIE, FL 33325

SUBJECT: DYNASERV FLORIDA, LLC

Ref. Number: L11000086217

We have received your document for DYNASERV FLORIDA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 812A00025905

COVER LETTER

	Registration S Division of Co				
SUBJEC	CT:	DynaSe	rv Florida, LLC		
		 	ted Liability Company		
The enci-	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
			Raquel Conner		
			Name of Person		
		DynaServ Florida, LLC			
		Firm/Company .			
		990 South Flamingo Road Address			,
			Addivss		
			Davie, FL 33325 City/State and Zip Code		
		raquel	conner@dynaservfl	.com	
For furth	ar information (E-mail address: (i concerning this matter, please c	o be used for future annual rep	ort notification)	
1 OF FUILE	er information e	concerning this matter, please c	an.		ALC: SEC
		iquel Conner	at (954)	476-7888 Daytime Telephone Number	ZEIZ NOV -
	Name (n reison	Area Code &	Daytime Telephone Number	
Enclosed	is a check for t	he following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of Clifton Bui	Corporations Ilding utive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DynaServ F	lorida, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	7-25-20	and assigned	
Florida document numberL_000086207				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
		·		
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Compa	ny," the designation	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Nelson Cru	t/ice ⊕resident		
(Principal office address MUST BE A STREET ADDRESS)	990 South Fla	amingo Road		
	Davie, FL 33	325	· · · · ·	
Enter new mailing address, if applicable:			MIZ NO	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		S 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or registered of	fice address on o	our records, ente	r the name of the nev	
registered agent and/or the new registered office address her	<u>e</u> :		3 10 (3	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	C'	, Florida	7: 0 1	
	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 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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	IZ NOV -9 PM
Dated	October 18, 20	<u>0</u> †2	_
		or or authorized representative of a member	
	Typed	John Reed	

Page 2 of 2

Filing Fee: \$25.00