L130000 2325

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06/27/13--01007--004 **25.00

SECRETARY OF STATE

C. LEWIS

JUN 2 8 2013

EXAMINER

COVER LETTER

	•	OVERLEITER	
TO: Registration Sec Division of Corp			
SUBJECT: DYV	Name of Limite	ed Liability Company	e Management
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Angela	C Dur	ncan
•	Dynamic	Name of Person Real Firm/Company	State Management Blud Ste 100
	4029 He	enderson Address	Blud Ste 100
	Tampa)=L	33629
	Angela @ JE-mail address: (to	City/State and Zip Code THE DUNC be used for future annual report n	and ue. Com
For further information con	ncerning this matter, please ca	վի:	
Angela	Duncan	at (813) 25°	7-8990
/ Name of	Person	Area Code & Day	rtime 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	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

•		13 JUN 27 PM 12: 03
Dynamic Ry (Name of the Limited L	al Estate Ma	ana significant to ALC
(Name of the Limited L	iability Company as it now appears of Torida Limited Liability Company)	on our cheardaHASSEE, FLORIDA
		<i>j.</i> ,
The Articles of Organization for this Limited Liab	bility Company were filed on 5/2	20 3 and assigned
Florida document number <u>L13000</u>	273215	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
		
B. If amending the registered agent and/or		records, enter the name of the new
registered agent and/or the new registered office	ce address nere:	
N CN D I I I		
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana	ger		
MGRM = Mai	naging Member	13 JUN 27 PM 12: 03	
Title	Angela Dunce	Address SECRETARY OF STATE	Add Remove
		Tampa FL 3362°	Add Remove
			Add
			Add Remove
			Add
			Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	13 JUN 27 PM 12: 03
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	6/24/13.
	Signature of a magnifier or authorized representative of a member Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00