

L14 000005469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

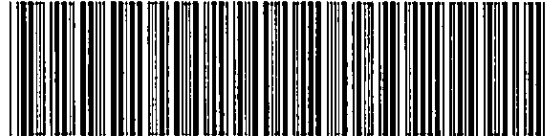
(Business Entity Name)

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[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DYNAMIC LEADERSHIP ACADEMY 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:

WILLIAM AUXIER

Name of Person

DYNAMIC LEADERSHIP ACADEMY LLC

Firm/Company

12637 BASSBROOK LANE

Address

TAMPA, FL 33626

City/State and Zip Code

bill@billauxier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Auxier

502
at ()

595-8787

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BOWERS HARBOR CORP	112637 BASSBROOK LANE	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM AUXIER	11838 EASTHAMPTON DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELISE AUXIER	11838 EASTHAMPTON DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 16, 2020

Signature _____

Typed or printed name of signee