

**L14000023910**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

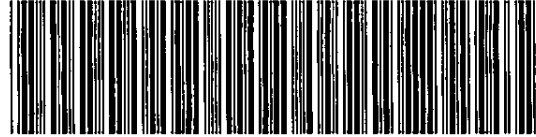
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400293493274**

01/03/17--01023--002 \*\*25.00

**FILED**

2017 JAN -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**JAN 05 2017**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dynamiks Health Care 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:

Phillip Cummings  
Name of Person

Firm/Company

12103 NW 19th Street  
Address

Plantation FL 33323  
City/State and Zip Code

pbcmd@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip B. Cummings at (954) 562-6080  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2011 JAN -3 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dynamiks Health Care LLC  
(Name of the Limited Liability Company as it now appears)

Page 1 of 3

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	Monica Gordon-Dixon	6638 Central Ave.	<input type="checkbox"/> Add
		Saint Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2011 JAN - 3 PM 1:17  
STATE PARTY  
TALLAHASSEE, FLORIDA

FILED  
2017 JAN - 3 P 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 29<sup>th</sup>, 2016



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Phillip Cummings

\_\_\_\_\_  
Typed or printed name of signee