L14000023910

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phon	e #)
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D. BRUCE 'JAN 05 2017

COVER LETTER

10:	Registration Secti Division of Corpo		y. ·		
SUBJE	ест:	<u>Ynamiks</u> He Name of Limi	alth Care LLC ted Liability Company		
The end	closed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please 1	return all correspond	ence concerning this matter t	to the following:		
		Phillip C	Name of Rerson		
			Firm/Company		
		15103 MM	Street Address		
-		Plantathon	#[. 33323		
		Pbcmdea E-mail address: (t	F1. 33323 City/State and Zip Code O1. Com o be used for future annual report notif	ication) 28	
For fur	ther information con	cerning this matter, please ca	dl:	CWELVA CWELVA	
	Phillip B Name of P		at (954) 562 - Area Code Daytime	ication) LLAHASSEE LORIDA Telephone Number Correction Telephone Number	T
		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

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

TO ARTICLES OF ORGANIZATION OF

Dynamiks Hea	Liability Company as it now appears on our records.) Florida Limited Liability Company)
(A)	Fortua Limited Liability Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on 2 11 2014 and assigned
Florida document number <u>L1400023910</u>	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	X)
	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	e address here:
N 6N 8 1 11	
Name of New Registered Agent:	250 T T T T T T T T T T T T T T T T T T T
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	City E. 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Monica Rordon-Dixon	6638 central Ame.	🗖 Add
		Saint Petersburg, FL. 3370	Remove
			Change
			Add
			Remove
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			□ Remove
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		TALLAH LLAH	Add Remove
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(If an eff Note:	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	December 29th 2016	
	puller	
	Signature of a member or authorized representative of a member	
	Phillip Gummings	
	Typed or printed name of signee	

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Filing Fee: \$25.00