

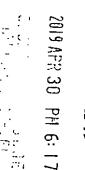
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R. WHITE MAY 0 1 2019

COVER LETTER

DYNA SUBJECT:	AMI ENTERPRISES LLC	
	Name of Limited Liability Company	
The enclosed Article	tles of Amendment and fee(s) are submitted for filing.	
Please return aff corr	orrespondence concerning this matter to the following:	
	EMANUELLE OLIVEIRA	
	Name of Person CSG CAPITAL SERVICES GROUP INC	
	Firm/Company 446 W HILLSBORO BLVD	
	Address DEERFIELD BEACH, FL 33441	
	City/State and Zip Code EMANUELLE@THEWAYGROUP.BIZ	
n e al cire com	E-mail address: (to be used for future annual report notification)	
EMANUELLE OLI	LIVEIRA 954.427.4770	
Na	Name of Person at () Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing Fe	Fee \$\Bigcup \\$30.00 Filing Fee & Book Fi	f Status & py

MAILING ADDRESS:

Registration Section

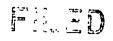
Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 30 PM 6: 17

DYNAMI ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/01/2014}{1}$ and assigned Florida document number L14000070346 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DYNAMI HOLDING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

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>	Address	Type of Action
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			☐ Change
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an effe	ctive 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
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Typed or printed name of signee

Filing Fee: \$25.00