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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER ,

TO: Registration Sec Division of Corp			
SUBJECT: DY	NAMO FREI	GHT LLC Liability Company	
1'		• • •	
The enclosed Articles of A	mendment and fee(s) are submitt	ted for filing.	
Please return all correspon	dence concerning this matter to the	he following:	
	Dennis	Name of Person	
		Name of Person	
	DYNAMO	Freight LLC	
		•	
	6700 Bowd	en rd #504 Address	
		1 E1 2221	/
	<u>Jacksonvill</u>	le, FL 3221 City/State and Zip Code	
		A @ 9 mail, com e used for future annual report notificat	
	E-mail address: (to be	e used for future annual report notificat	ion)
For further information co	ncerning this matter, please call:		
Dennis	Dimov	at (<u>570 9</u>) <u>280 -</u> Area Code Daytime Te	5255
Name of	Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	-	□ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAM	o treight LLC.	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L 14000112324</u> This amendment is submitted to amend the following	·	4 and assigned
This amendment is submitted to amend the following	5.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the new
Name of New Registered Agent:		200
New Registered Office Address:		50 4
New Registered Office Address.	Enter Florida street address , Florida	ASSET IN
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	9: 2 9: 2
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete performance of my duties, and I am d agent as provided for in Chapter 605, F.S. Or, tered office address, I hereby confirm that the li	familiar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Dennis Dimov	Jacksonville, FL 32216	Add	
		Jacksonville, FL 32216	_□ Remove	
•			_ _□ Add	
			_ Remove	
			_□ Add	
			_□ Remove	
		ALC ALSO	□ And	
		E. C.	AM 9: 4	
			_□ Remove	
			- _□ Add	
			□ Remove	

D. 'If amending ar	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
(The effective date	if other than the date of filing: (optional) nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nent is filed by the Florida Department of State)
Dated No	vember 10, 2014.
	pro-
	Signature of a member or authorized representative of a member
	Dennis Dimov

Page 3 of 3

Filing Fee: \$25.00

SECHLIARY OF SHATE TALL MINSSEE FLORID