## 1500014066

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TALLAHASSEE, FLORID:

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K. SALY MAR 2 3 2017

## **COVER LETTER**

DIV	ISION OF COL	porations		
SUBJECT:		ENTERPRISE CONCEPTS	LLC	
SUBJECT.		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		STEVEN E GAMMILL		
			Name of Person	
			Firm/Company	
		15720 MONTESINO DR		
			Address	<del></del>
		ORLANDO, FL 32828		
			City/State and Zip Code	
		steven@heresthebeach.com	1	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
STEVEN E	GAMMILL		386 405-2440	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

2017 MAR 22 PM 3: 06

SECRETARY OF STATE

OB. D. ASSEE, FLORID;

DYNAMIC ENTERPRISE CONCEPTS 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 Comp	oany were filed on	01/23/2015	and assigned
Florida document number L15000014066			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," t	he designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Entan navy mailing address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		on our records,	enter the name of the new
New Registered Office Address:	Entor	Florida street address	
	City	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance as provided for i	of my duties, and in Chapter 605, F.	I am familiar with and S. Or, if this document is
īc	Changing Pagistava	Agant Signature of	New Degictored 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>	Address	Type of Action
MGR	STEVEN E GAMMILL	15720 MONTESINO DR	<b>■</b> Add
		ORLANDO, FL 32828	□ Remove
			□ Change
MGR	NATALIAV GAMMILL	15720 MONTESINO DR	
		ORLANDO, FL 32828	Remove
			□ Change
MGR	KAREN E GAMMILL	22 LAZY EIGHT DR	
		PORT ORANGE, FL 32128	■ Remove
			☐ Change
			Add
			20 Remove HAR Plange   That I have been been been been been been been be
			Change
	<del></del>		Add
			☐ Remove
			□ Change

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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Macci		<u> </u>
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Signature of a member or authorized representative of a member		March 16 . 2017.
Signature of a member or authorized representative of a member	Dated	
<u>-</u>	Dated	

Page 3 of 3

Filing Fee: \$25.00