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(Re	equestor's Name)	
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## COVER LETTER

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TO:		ion Section of Corporation	S		
SUBJ	ECT:	DYN	Name of Limi	MATION LLC ited Liability Company	
The er	nclosed Artic	les of Amendm	ent and fee(s) are subr	mitted for filing.	
Picase	return all co	rrespondence c	oncerning this matter	to the following:	
			Kem	Name of Person	
			DYNA	MICS AUTO MATION Firm/Company	LLC
			13180	o SW 66th ST Address	
			Ocal	H FLORIDA 3  City/State and Zip Code	4481
		<u>d</u>	E-mail address: (t	mation & amail. Co be used for future chinual report no	OM diffication)
For fu	rther informa	tion concerning	g this matter, please ca	dl:	
	KEITH A	A. DIBERT lame of Person	<u>-                                      </u>	at (352) 239 3 Area Code Daytii	me Telephone Number
Enclos	sed is a check	for the follow	ing amount:		
<b>□</b> \$2	5.00 Filing F		0.00 Filing Fee & ertificate 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:

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

FILED
2015 APR 16 PM 2: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DYNAMICS AUTOMATION 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 and assigned and assigned
Florida document number
This amendment is submitted to amend the following:
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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing 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:
Enter Florida street address
, Florida
City 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

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 Title Name **Address** Type of Action 13186 SW 66th ST MGR KEITH ADIBERT OCALA FL 34481 \_ Remove □ Remove \_\_\_\_\_ Add ☐ Remove ☐ Remove \_\_\_\_\_ Add ☐ Remove

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he effecti	e date, if other than the date of filing:
The effection the date the	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
The effection the date the	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

