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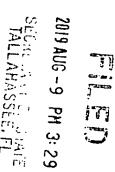
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COVER LETTER

то:	Registration Se Division of Cor					
cum in		MC REAL ESTATE OF C	ENTRAL FLOIDA LLC			
SUBJE	.C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Jose E. Bacardi				
			Name of Person			
		DYNAMIC REAL ES	TATE OF CENTRAL FLOID	A LLC		
			Firm/Company			
		1202 Sacramento St				
		Address				
		Deltona, FL 32725				
		jbacardi@DRERents.co	City/State and Zip Code 1111			
		E-mail address; (to be used for future annual report noti	fication)		
For fur	her information e	oncerning this matter, please ca	all:			
Jose E	. Bacarđi		at (386) 259-5910			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
\$25	6.00 Fifing 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:

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

DYNAMIC REAL ESTATE OF CENTRAL FLOIDA 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 $\frac{4/14/2015}{}$ and assigned Florida document number _L15000065420 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DYNAMIC REAL ESTATE OF CENTRAL FLORIDA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," N/A no change Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A no change 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jessica M. Vaquer	218 Shadowbay Blvd S Longwood, FL 32779	= Add
			□ Change
MGRM_	Jose E. Bacardi		D Add
			□ Remove
		218 Shadowbay Blvd S Longwood, FL 32779	Change
			_
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
		 	_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			Change

	
	
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Tuesday August 6th 2019
	Signature of a member of authorized representative of a member
	Jose E. Bacardi
	Typed or printed name of signee

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Filing Fee: \$25.00