## 115000113609

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
		<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer	
	9 =	

Office Use Only



100317961611

09/07/18--01011--012 \*\*25.00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: 2	Dynam	ric Duo	Real	Edate
	Name of Limi	ted Liability Company		<b>0</b> 3.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Angela C Duncan			
		Name of Person		
	2 Dyn	amic Duo	Real	Estati
	6320 S Dale Mabry Highw	Firm/Company ray		
		Address		
	Tampa, FL 33611			
		City/State and Zip Code		
	Accounting@TheDuncanD		·	
	E-mail address: (	to be used for future annual report not	ilication)	
For further information co	oncerning this matter, please ca	all:		
ANGELA C DUNCAN		813 359-8990		
Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	NG ADDRESS:	STREET/COUR Registration Secti		
Divisio	n of Corporations ox 6327	Division of Corpo Clifton Building		
	ssee, FL 32314	2661 Executive C	enter Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	Or		
2	Dynamic	Duo	RAPIBLEP TEAM WITE
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	appears on our records. Dany)	TALLAHASSEE, FL
The Articles of Organization for this Limited Lia Florida document number <u>[15001</u>		on 6/25/2	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,	" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	·	<u> </u>
(Principal office address MUST BE A STREET	T ADDRESS)		<del></del>
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or the new registered off		ss on our records,	enter the name of the new
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	En	ter Florida street address	
		, Flo	rida
	Ciņ		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, 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
AMBR	DEBRA S. JOHNSON	6320 S DALE MABRY HIGHWAY	<b>≅</b> Add
		TAMPA, FL 33611	Remove
			☐ Change
			Add
			□ Remove
			Change
		<u></u>	
			Change
			D Add
			Remove
			☐ Change
			Add
			Remove
		···	□ Change
			Add
			☐ Remove
			Change

			<del></del>		<del></del>
		<del></del>			
					<del></del>
		<del>.</del>			
			<u> </u>		
				<del> </del>	<del></del>
	<u></u>				
				-	
	<del></del>		<del></del>		
				<del></del>	·
<del></del>			<del></del>		
				4 .4 15	
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	it be specific and cann ock does not meet t	he applicable statu	filing or more than 90 story filing requires	(optional) Odays after filing.) ments, this date	Pursuant to 605.020 will not be listed a
e record specifies a delayed The 90th day after the rec		, but not an eff	ective time, at	12:01 a.m. o	on the earlier o
ated SEPTEMBER 5					
Pated SEPTEMBER 5	Signature of a memb		resentative of a mem	<mark>√√ 1</mark>	

Page 3 of 3

Filing Fee: \$25.00