## L15000145632

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	<del></del> -
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## **COVER LETTER**

	Registration Se Division of Cor		•	
CHD IEC		TECH SOURCE, LLC.	•	
SUBJEC	1.	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Michael Trimpey		
			Name of Person	
		DYNAMIC TECH SOURCE	CE, LLC.	
			Firm/Company	
		17636 Hickory Tree Ct.		
			Address	
		Lutz, FL 33558		
			City/State and Zip Code	
		michael.trimpey@dynamict	echsource.com to be used for future annual report r	notification)
For furthe	er information c	concerning this matter, please ca		
Michael 1	Trimpey		813 210-3119 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	00 Filing 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 Addres	<u>ss:</u>	Street Address:	i Gi

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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DYNAMIC TECH SOURCE, LLC			The state of the s
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	Track Control of the
The Articles of Organization for this Limited Life Florida document number 1.15000145632  This amendment is submitted to amend the following t	·	were filed on 08/24/2015	and Wigned
A. If amending name, enter the new name of	~	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi		r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	17636 Hickory Tree Ct.	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		Lutz, FL 33558	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	17636 Hickory Tree Ct. Lutz, FL 33558	
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	17636 Hickory	Tree Ct.  Enter Florida street address	
	Lutz		da 33558
		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 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
			□Add
			□Remove
			□ Change
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f an effe Note:   I	te date, if other than the date of filing:
d is file	
Dated _	July 18th 2020  Minnel July  Signature of a member or authorized representative of a member
	Winne Tying
	Signature of a member of authorized representative of a member
	Michael Trimpey