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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DYMAGIC, LLC

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K. SALY

DEC 17 2024

From: Yane: Avila



December 11, 2024

Page 3 of 6

FLORIDA DEPARTMENT OF STATE Division of Corporations

DYMAGIC, LLC 12271 SW 187 STREET MIAMI, FL 33177

SUBJECT: DYMAGIC, LLC REF: L15000203510

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H24000407674 Letter Number: 324A00026867

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DYMAGIC, LLC

(Name of the Limited Liability Company as it now appears on our eccords.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name, most Co. distinguishable, and contain, the words	"Limited Liability Company," the design	ation "I.I.C" or the abla eviation "I.I.C.
Enter new principal offices address, if applicable	e:	<del> </del>
Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
3 / 22 11 22 12 13		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO.</u>		
•		
Mailing address MAY BE A POST OFFICE BO.	<u>Y)</u>	
•	Stered office address on our record	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or regis	Stered office address on our record	
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or regis	Stered office address on our record	ds, <u>enter the name of the new re</u>
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered office address ho	<u>V)</u> stered office address on our recordere:	ds, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered office address have a Name of New Registered Agent:	Stered office address on our recordere:  Enter Florida st	ds, enter the name of the new res
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered office address have a Name of New Registered Agent:	Stered office address on our recordere:  Enter Florida st	ds, enter the name of the new res
Mailing address MAY BE A POST OFFICE BO.  3. If amending the registered agent and/or registered office address have a Name of New Registered Agent:	Stered office address on our recordere:  Enter Florida st  City	ds, enter the name of the new reg

From: Yanet Avila

## 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

• Page 5 of 6

Title	<u>Name</u>	Address	Type of Action
MGR	TELESFORO GONZALEZ	28501 SW 152ND AVE	🗖 Add
		LOT 22	□Remove
		HOMESTEAD, FL 33033	≅Change
MBR	TELESFORO GONZALEZ	285001 SW 152ND AVE	C1 . 13
		LOT 22	□Remove
		HOMESTAD, FL 33033	□ Change
			🗀 Add
			□Remove
			Change TALL Add EE TO SHeemove Depange
			Sikemove P
			Ghange F
			DAdd
			□Remove
			Change
			□ Add
		·	□Remove
			Change

From: Vanet Avila

Page 5 of 6

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