LILWW4328

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2016 FEB -8 P 1: 09

C. BRIJCE

COVER LETTER

Division of Corp		
DYNAMOI SUBJECT:	DLAB, LLC	
SUBJECT:	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following:	
	HUGO A. ARCE	
	Name of Person	
	DYNAMOLAB, LLC	
	Firm/Company	
	3050 DYER BLVD SUITE 110	
	Address	
	KISSIMMEE, FL 34741	
	City/State and Zip Code info.dynamolab@gmail.com	2018
	E-mail address: (to be used for future annual report notification)	
	concerning this matter, please call:	8
HUGO A. ARCE	407 4943816	U C
Name of	of Person Area Code Daytime Telephone Number	1: 09
Enclosed is a check for th	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &

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

DYNAMOLAB, LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	21, 2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		monds at the themone of the r
egistered agent and/or the new registered		
Name of New Registered Agent:	HUGO A. ARCE	ASS - CONTRACTOR OF CONTRACTOR
New Registered Office Address:	3050 DYER BLVD SUITE 110	To D
	Enter Florida s	
	KISSIMMEE	, 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
P	HUGO A. ARCE	3050 DYER BLVD	□ Add
		SUITE 110	U Add
			Remove
		KISSIMMEE, FL 34741	■ Change
MGR	HUGO A. ARCE	3050 DYER BLVD	Add
		SUITE 110	
		KISSIMMEE, FL 34741	□ Remove
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Page 3 of 3

Filing Fee: \$25.00