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JUN 1 5 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Dynasty Pro	me of Lighted Liability Company	
The enclosed Articles of Amendment and fee	s) are submitted for filing.	
Please return all correspondence concerning t	nis matter to the following:	
Amber	Stokes	• - (
Dynasty	Property Management Group LLC de Park Ave Address 22800	
5318 H	de Park Ave	ţ
Orland	0, FL 32808 City/State and Zip Code	*
<u>dynasta</u>	DMg. 1c @ ama 1. com l'address: (lo be used for futule annual report notification)	
For further information concerning this matte	, please call:	
Amoty Stokts Name of Person	at (321) 987.9788 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount \$25.00 Filing Fee \$30.00 Filing	ee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,	
Certificate o	Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dynasty Property Management Grow LLC

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Mability Company)

(A Florida Limited Madrity Company)	
The Articles of Organization for this Limited Liz Florida document number 16 100 100 100 100 100 100 100 100 100	ability Company were filed on Etb_	7, 2016 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	به ایا در ایات رساله
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:	Enter Florida s	treet 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member			
Title AMBR	Amber Stokes	Address 5318 Hyde Park Art, Orlando,	<u>Type of Action</u> FL 32 90% Ed Add
			Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo Note:	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00