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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

MG RAMI SUBJECT:	REZ DYNANSTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAYRA RAMIREZ		
		Name of Person	
	MG RAMIREZ DYSNAS	TY, LLC	
		Firm/Company	
	2705 PARK ST.		
		Address	
	LAKE WORTH, FL 33460)	neation)
		City/State and Zip Code	
	mgramirezdynastymgmt@g	gnail.com	つ つ つ
	E-mail address: (to be used for future annual report notif	icacioni,
For further information c	oncerning this matter, please ca	all:	PH 2:
MAYRA RAMIREZ		561 790,3700	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG RAMIREZ DYNASTY LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 May 27 PM 2: 41 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/08/2020}{}$ and assigned Florida document number $\frac{L16000164559}{}$ This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." 2705 Park St., Lake Worth FL 33460 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

MAYRA RAMIREZ Name of New Registered Agent: 2705 Park St. New Registered Office Address: Enter Florida street address Lake Worth City

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 t 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

2705 Park St., Lake Worth FL 33460

If aniending 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
wor	MAYRA RAMIREZ	2705 Park St., Lake Worth FL 33460	□Add
•			□Remove
•			□Change
Ambr	GUSTAVO RAMIREZ	2705 Park St., Lake Worth FL 33460	= Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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