

LI 70000050683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

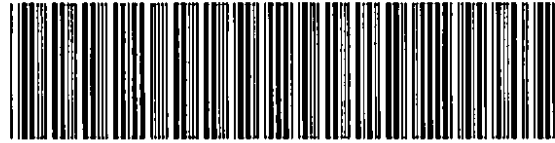
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File an error with 'inc' suffix
should be "LLC"

Office Use Only



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DEC 08 2017

2017 DEC -8 PM 2:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
17 NOV 29 PM 1:35

BUREAU OF CONFIDENTIAL
INFORMATION SERVICES

November 7, 2017

MATTHEW D DAHLERG
12210 CITATION RD
SPRING HILL, FL 34610 US

✶

This is to advise you that on March 3, 2017, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Carlos E Rico
Regulatory Specialist II
New Filing Section

Letter Number: 017A00022532

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dynamic Visuals LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Dahlberg
Name of Person

Dynamic Visuals
Firm/Company

12210 Citatun Rd
Address

Spring Hill, FL 34610
City/State and Zip Code

Matt.Dahlberg1@gmail.com
E-mail address: (to be used for future annual report notification)

2017 DEC -8 PM 2:15
MAIL ROOM

For further information concerning this matter, please call:

Matthew Dahlberg at (813) 217-2123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

There was a filing error and I was told I would not need to pay.

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**

Dynamic Visuals Inc
(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 03/03/2017 and assigned Florida document number L17000050683

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dynamic Visuals LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12210 Citation Rd
Spring Hill FL
34610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12210 Citation Rd
Spring Hill, FL
34610

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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