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2017 SEP 25 PM 1: 44

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## **COVER LETTER**

TO:	Registration Se Division of Cor			·
	n em	DYNA	MIC LIVING LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CAROLYN KENNER		
			Name of Person	<del></del>
		DYNAMIC LIVING L	LC	
			Firm/Company	<del></del>
		141 STEVENS AVENU	UE #128	
			Address	<del></del>
		OLDSMAR, FLORIDA	A 34677	
			City/State and Zip Code	
		sales@charityspecialtie		
		E-mail address: (	to be used for future annual report notif	heation)
For fu	rther information c	oncerning this matter, please co	all:	
CA	AROLYN KENNEI	R	at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>□</b> \$2	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2017 <sub>S</sub>	EP 25	PH 1:44
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<u>s.</u> )	$^{NSSLT}_{II}$	STATE

		,	1:44 PM 1:44
DYNAMIC LIV			1.44
(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appea bility Company)	rs on our records.)	ASSET FLORID
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	11 APRII, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company h	<u>ere</u> :	
CHARITY SPECIALTIES LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the o	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address or	our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	

## 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.

City

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>	Type of Action
AMBR	CAROLYN KENNER	13046 RACE TRACK ROAD #128	■ Add
		TAMPA, FL 33626	Remove
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			Add
			Remove
			☐ Change
			Remove
			G Change
			Add
			Remove
		<del> </del>	Change
			Add
		<del></del>	□ Remove
			🗖 Add
		<del> </del>	Remove
			☐ Change

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Filing Fee: \$25.00