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(Address)				
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2019 JAN 16 PM 1: 15

C. GOLDEN

JAN 2 3 2019

## **COVER LETTER**

	nic Enterprise, 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:	
	Jay M. Needelman		
		Name of Person	
	СРА		
		Firm/Company	<del></del>
	520 West 47th Street		
	· · ·	Address	<u> </u>
	Miami Beach FL 33140		
	cpa160@aol.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Jay Needelman	_	305 673-5040	
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section Division of Corporations

> 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

FILED

DK Dynamic Enterprise, LLC

2019 JAN 16 PM 1:15

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLY OF STATE TRILLIAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{5/16/17}{1}$ \_\_\_\_\_ and assigned Florida document number L17000108217 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." 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 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

## 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.

Cin

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>	Address	Type of Action
AMBR	Keisha Bonhomme		Add
		1501 Sw 7th Street	D Add
		Boca Raton FL 33486	<b>≡</b> Remove
			Change
			Add
			Remove
	•		☐ Change
	·		
			☐ Remove
			Change
		<del> </del>	☐ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change

, .	·
	<u> </u>
Note:	tive date, if other than the date of filing:
(f the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	January 11
	Signature of a member or authorized representative of a member
	Dinah Liautaud
	Typed or printed name of signee

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Filing Fee: \$25.00