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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO: Registration Solution of Col				
SUBJECT:	MVMM L LMSTP Name of Lim	ULAM LLU 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:		
	D86 R	He mandez Name of Person		
	Dunami	Firm/Company	<u> </u>	
	2150 SW	14 mare # 30		
	Man	City/State and Zip Code		
	JE-mail address: (	dunamis PV . Net to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ea	all:		
JOSE R Name o	- Hemanler of Person	at ( <u>305</u> ) <u>-773</u> Area Code Daytim	- 953  e Telephone Number	
Enclosed is a check for t	he following amount:			SE SE
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 of Certified Copy (additional copy is enclose	<b>&amp;</b>

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

Dunamis Construction, LLC (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 \_\_\_\_\_\_ and assigned Florida document number \_\_\_L17000132394 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kiara N Hernandez	2150 SW 16th Ave #308 Miami, FL 33145	
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<u>ote:</u> If th	date, if other to e date is listed, the ice date inserted is s effective date	in this block do	oes not med	et the appli	cable statuto	ng or more tha ry filing requ	opt n 90 days afte frements, th	ional) r filing.) Pursua is date will no	nt to 605,0207 t be fisted as t
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Typed or printed name of signee

Filing Fee: \$25.00