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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				1
SUBJECT:	Dynamic Name of Lim	Pile LLC 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:	1	
	Darn	Name of Person		}
		Firm/Company	LLC	
	6537	SW 116th Pl	Unitc	
	Miami darnell	F1 33173 City/State and Zip Code 18226@gmail.com	n. 3 dymanic pile (	egaboo.co.
For further information c	concerning this matter, please c		canon)	
Darne II	Martin of Person	at (786) 47 Area Code Daytime	Y 2828. Telephone Number	,
Enclosed is a check for the	he following amount:			1
\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dynamic P	Pile LLC	
(Name of the Armited Liability Compar (A Florida Limited L.	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	j ·	gned
A. If amending name, enter the new name of the limited liabi	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "LL	<del></del>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- <u> </u>	<u> </u>
	<u> </u>	<u> </u>
		26
Enter new mailing address, if applicable:	<del>- :</del>	를 [1]
(Mailing address MAY BE A POST OFFICE BOX)		<b>≕</b>
	1	<del>1</del>
B. If amending the registered agent and/or registered of		of the new
registered agent and/or the new registered office address here	<u>re</u> :	
Name of New Registered Agent:		1
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florida	
	City Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	<u>t</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docu	and ment is

If Changing Registered Agent, Signature of New Registered Agent

or removed f	rom our records:	nage, enter the title, name, and address of ea	
MGR = Ma AMBR = Au	nnager othorized Member		
<u> Title</u>	Name	Address	Type of Action
MGR	Darnell Martin	6537 SW 116410,	Add Add
			□ Remove
			Change
AR	Darnell Martin	6537 SW116th PI Onite Miami, F1 33173.	Add
			Remove
			□ Change
<del></del>			
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	date, if other than the date is listed, the date				11	(option		TOCO 203
<u>៖</u> ព្រង	he date inserted in this	s block does no	ot meet the appli	cable statutory				
ıment'	s effective date on the	e Department o	of State's record:	<b>3</b> .				ļ
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		Signature o	a number or and	Infized represent	ative of a me	mber		-
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Page 3 of 3

Filing Fee: \$25.00