1/7000236028

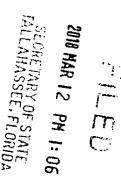
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500310315575

03/12/18--01018--019 **25.00



COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Dyna-View I	Digital Signage, LLC		
Sebeleii		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspone	dence concerning this matter	to the following:	
		Michael Simmons		
			Name of Person	
		Dyna-View Digital Signage	e, LLC	
			Firm/Company	
		PO Box 550782		
			Address	
		Jacksonville, FL 32255-07	782	
			City/State and Zip Code	
		mike@dyna-view.com		
		·	to be used for future annual report notific	ation)
For further in	iformation coi	ncerning this matter, please ca	all:	
Mike Simmo	ons		904 351-6240 at ()	
	Name of I	Person	Area Code Daytime T	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

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

mpany as it now appears on our records,) ted Liability Company)	
any were filed on 11/15/2017	and assigned
iability company here:	
iability Company," the designation "LLC" or (he abbreviation "L.L.C."
2	
d office address on our records, <u>er</u> here:	iter the name of the new
	7 29
Enter Florida street address	THAR 12 CRETARY AHASSEE
City	Zip Gode
ent:	2 = C
agree to act in this capacity. I further lete performance of my duties, and I as provided for in Chapter 605, F.S. fice address, I hereby confirm that th	am familiar with and Or, if this document is
	iability company here: iability Company," the designation "LLC" or to the designation

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	Clay H Hamblin	4215 Southpoint Blvd Ste 230	
		Jacksonville, FL 32216	■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	Jonathan D Dittmer	4215 Southpoint Blvd Ste 230	□ Add
		Jacksonville, FL 32216	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
			Add
			Remove
		 	☐ Change
	 		Add
		·····	□ Remove
			☐ Change

·		
	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2018 MAR SECRETA	
	AR AR	
	CRETARY LAHASSEI	
	PH.	
	RA ·	
	90 B	
fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to 605	.02
occument's effective date on the Department of State's records.	ig requirements, this date will not be riste	ou a
e record specifies a delayed effective date, but not an effective the foundation of the record is filed.	time, at 12:01 a.m. on the earlie	er :
ated March 6 2018		
11CG		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00