

L1766237759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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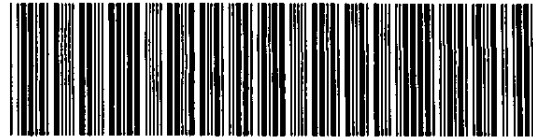
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DYNAMIC TALENT SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELANIE ANDERSON

Name of Person

DYNAMIC TALENT SOLUTIONS

Firm/Company

3500 PUTTER LANE

Address

ORLANDO, FL 32804

City/State and Zip Code

mlafitness18@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE ANDERSON

Name of Person

at (321)

Area Code

246-2005

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

FILED
DEC 14 PM 12:15
TALLAHASSEE, FL

Dynamic Talent Solutions LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee