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| Special Instructions to | Filing Officer: | - |
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| TO: Registration Se Division of Cor | | | | |
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| SUBJECT: | : First Dýnan | nic Investments, Ll | _C | |
| 30DJCC1 | Name of Limi | ted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspo | ndence concerning this matter (| to the following: | | |
| | Y | azmeen Ozuna | | |
| | | Name of Person | | |
| | Fir | st Dynamic Investr | ments | |
| Firm/Company | | | | |
| | 5310 | North State Road | 7 | |
| | • | Address | | |
| | Nort | th Lauderdale, FL 3 | 33319 | |
| | | City/State and Zip Code | · · · · | |
| | | vlingsports@gmail | | n) |
| For further information c | oncerning this matter, please ca | II: | | |
| Karina Ca | ampoa | at (305) | 877-2312 | 2 |
| Name o | f Person | Area Code | Daytime Tele | phone Number |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr Divisio P.O. Be | ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314 | Registrati Division o Clifton Br | /COURIER A on Section of Corporations ailding cutive Center C | ; |

Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| First Dynamic Inve | | | | |
|--|------------------------------------|---------------------------------|-----------------|-------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appea bility Company) | irs on our records.) | | |
| The Articles of Organization for this Limited Liability Company w | ere filed on _ | 04/24/2018 | _ and assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabili | ty company h | <u>iere</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the | designation "LLC" or the abbre | eviation "L.L.C | |
| Enter new principal offices address, if applicable: | | | | - 물- |
| (Principal office address MUST BE A STREET ADDRESS) | | | œ ≥ | 33S |
| | | | <u>ප</u> | _¥ <u>₩</u> |
| | | | မ | 027 |
| Enter new mailing address, if applicable: | | | P | 품수(|
| (Mailing address MAY BE A POST OFFICE BOX) | | | | T-B2.5 |
| | | | - OG | <u> </u> |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | ce address o | n our records, <u>enter t</u> h | e name of | the nev |
| Name of New Registered Agent: | | | _ . | |
| New Registered Office Address: | | | | |
| | Enter Flo | orida street address | | |
| | | , Florida | | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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.

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 |
|--------------|-----------------------|---------------------------|----------------|
| MGR | Christopher Gagliardi | 810 SE 18th Street Apt 7 | ⊠ Add |
| | | Fort Lauderdale, FL 33316 | □ Remove |
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Page 3 of 3

Filing Fee: \$25.00