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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>J</u>	Name of Lim	And Growth Successited Liability Company	ess Services LL
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Tauta J Thon Name of Person	79_5
		Firm/Company	
	14/07 Bara	Isdale Lane Address	
		Address	
	- Tampa,	FL 33625 City/State and Zip Code	
			_
	Clynamic E-mail address:	to be used for future annual report notif	Com
Var further information	concerning this matter, please of		,
ror futurer information	concerning this matter, please c	d11.	
fau la Name	J /homas	at (<u>BB</u>) <u>562</u> Area Code Daytime	-5897 Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
31411	ING AMBDECC.	erd review du	CD AININDESS.

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

Aynamic Training and Growth Success Services, LLC

(Name of the Lifnited Liability Comp. (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability CompanyFlorida document number \(\(\big /\) \(\big /\) \	wwere filed on April 07, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liab	Growth Services, L.L.C.
	They Company, the designation LLC of the abbreviation LLC.
Enter new principal offices address, if applicable:	1410 7 Bardsdale Lans
(Principal office address MUST BE A STREET ADDRESS)	Tampa, F-6 33625
Enter new mailing address, if applicable:	P.O BOX 340506 Tampa, FL 33694
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33694
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	re:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

Enter Florida street address

OI

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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Signature of a member or authorized representati	ve of a member			_

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Filing Fee: \$25.00