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| (Requestor's Name) | |
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| PICK-UP WAIT M | AIL |
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| Certified Copies Certificates of Status _ | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|--|---|--|
| CUBIFCE. | Sala Di | masty LLC | 4 |
| SUBJECT: | Name of Limite | ed Liability Company | |
| | | | |
| The enclosed Articles of Art | nendment and fee(s) are subm | itted for filing. | |
| Please return all corresponde | ence concerning this matter to | the following: | |
| | Ste | uen Soto Name of Person | |
| | <u>S010</u> | DYNASTY LL Firm/Company | <u> </u> |
| | 1413 F | Address Address | |
| | <u>Leesburg</u> Sofol | Florida 34 City/State and Zip Code 12099 @ Grnoail. | 1748 com |
| For further information cond | E-mail address: (to cerning this matter, please cal | be used for future annual report notifies | ation) |
| Steven | SOFO | at (863) 258 - Area Code Daytime T | CCG 3 |
| Enclosed is a check for the f | • | | |
| □ \$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 Sec Division of Cor P.O. Box 6327 | | Street Address: Registration Secti Division of Corpo The Centre of Tal | orations |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability | Company as it now appears on our records. Limited Liability Company) | |
|--|---|--|
| (A Florida I | Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | empany were filed on January 25) | 2019 and assigned |
| Florida document number 1900027009 | <u>-</u> · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | <u></u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 20 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter th | ne name of the new registered |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agents | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | - ; <u>+</u> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| | | ·; 6 |
| | , Flor | ida Zip Code |

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

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

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 |
|--------------|-------------|----------|----------------|
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| | | □ Remove | |
| | | Channa. | |

| If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------------------|--|
| _ | I (Steven soto) would like to Add |
| _ | a new Purpose to this existing LLC |
| | get Still Keep the original. |
| _ | d'annual d'a |
| - | N. 1 2 1 1 2 5 1 |
| ¥ | vew Purpose: Construction Services |
| _ | D. 1 = 1111 dr. = 1 |
| _ | But Still 20: Janitorial Services |
| | |
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| | |
| If an effo Note: 1 | ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records. |
| e record rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated _ | Farany 22, 202) |
| | |
| | Signature of a member or authorized representative of a member |
| | Steven Sata |
| | Typed or printed name of signee |

ETT - E - MAR AA