

19000102773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

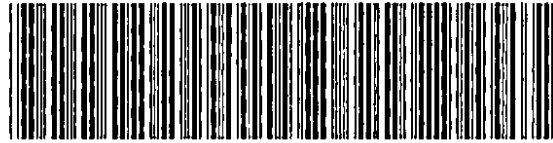
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2020 JAN 21 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 23 2020

I ALBRITTON

COVER LETTER

Registration Section
Division of Corporations

DYNASTYCONSULTING LLC

CT:

Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

Sonia Becerra

Name of Person

Swyft Filings, LLC

Firm/Company

515 Post Oak Blvd. #300

Address

Houston, Texas 77027

City/State and Zip Code

sop@legalcorpsolutions.com

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

urther information concerning this matter, please call:

Sonia Becerra

Name of Person

at (877)

Area Code

777-0450

Daytime Telephone Number

osed 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

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SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE.

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

Page 1 of 3

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

R = Manager

3R = Authorized Member

| <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------|----------------|---------------------------------|
| | | <input type="checkbox"/> Add |
| | | <input type="checkbox"/> Remove |
| | | <input type="checkbox"/> Change |
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

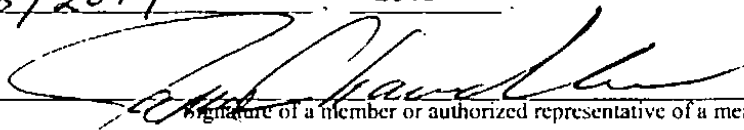
Effective date, if other than the date of filing: _____ (optional)

If an effective 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)(b)

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.

If a record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated 11/8/2019 2019



Signature of a member or authorized representative of a member

James Chandler

Typed or printed name of signee