

L19000128621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

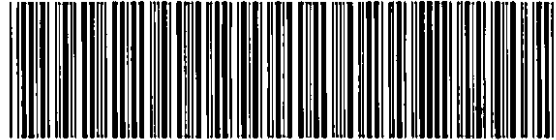
Certified Copies _____

Certificates of Status 12

Special Instructions to Filing Officer:

Spike with Ms. McDaniel change
Titles to MGIL 09/29/20

Office Use Only



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SEP 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dynamic Universal Cleaning 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:

Takale McDaniel
Name of Person

Firm/Company

1546 74th Trce
Address

Live Oak FL, 32060
City/State and Zip Code

MrsMcDanielP205@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Takale McDaniel at (386) 219-9401
Name of Person Area Code 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dynamic Universal Cleaning LLC

2020 SEP 29 PM 2:22

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

The Articles of Organization for this Limited Liability Company were filed on 5-13-2019 and assigned
Florida document number L19000128621.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Takale McDaniel

New Registered Office Address:

11546 74th Trce

Enter Florida street address

Live Oak

City

Florida 32060

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.

Takale McDaniel

If Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pithin Pierre	5128 Barnegat Pointe	<input type="checkbox"/> Add
		RD, Orlando, FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Antoine Pierre	4207 Heather Court	<input type="checkbox"/> Add
		Orlando FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Margaret Mba	3237 Basie PL	<input type="checkbox"/> Add
		Orlando, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carline Arisme	5405 Limelight Cir	<input type="checkbox"/> Add
		Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Takale McDaniel	11546 74th Trce	<input checked="" type="checkbox"/> Add
		Live Oak FL, 32060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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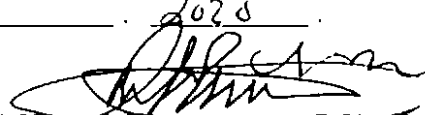
E. Effective date, if other than the date of filing: 9-29-20 (optional)

(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 the record 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 record is filed.

Dated 9-29 2020



Signature of a member or authorized representative of a member

Pitkin Pierre

Typed or printed name of signee