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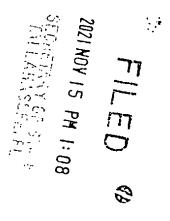
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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C. BRUMBLEY



RE

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 28, 2021

WILLIAM BROGNA 104 DAY DR SEBASTIAN, FL 32958

SUBJECT: DYNASTY SHUTTERS AND WINDOW TREATMENTS LLC

Ref. Number: L19000174265

We have received your document for DYNASTY SHUTTERS AND WINDOW TREATMENTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABIITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 421A00023389

COVER LETTER

Division of Corp	orations		
SUBJECT: DYNA	STY SHUTTERS	T WOLUND TI	REATMENTS LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	WICCIAM	BROGNA Name of Person	
		Name of Person	
	DYNASIY SHU	Firm/Company	N TREATINEOUTS LL
	104 DAYD	Al UE Address	
		/ FL 329.58 City/State and Zip Code	
	BILL & DYN	7577 SHUTTERS Co	(LOW)
For further information co	ncerning this matter, please ca	all:	
WILLIAM	BROGNA	at (-561) 445 Area Code Daytim	-7498
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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

Registration Section

TO:

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

DYNASTY SHUTTERS AOND WINDOW TREATMENTS LLC
(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 v	were filed on _	7/5/2019 and assigned
Florida document number L 19000174265		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company h	nere:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
		JEGRE TALLA
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		The second secon
		1 or _ O =
		08
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our i	records, enter the name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Flo	orida street address
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance o provided for in	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
MGR	PATRICIA J BROGNA		DAdd
		104 DAY DRIJE SEBASTIA	JFL Kemove
		3293	58
			-
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
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Note: 1	tive date, if other than the date of filing:
rd is file	
Dated _	MILLIAM BROGNA Typed or printed name of signee
	nc.11. 3
	Signature of a member or authorized representative of a member
	2006-11
	WILLIAM BUILDONA