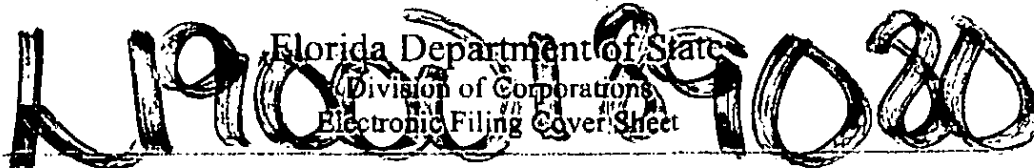


8/28/2019

Division of Corporations



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H19000260035 3)))



H190002600353ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dominicancpa@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MJF DYNAMIC BUSINESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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SEP 11 2019



August 30, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MJF DYNAMIC BUSINESS LLC  
16860 SW 1ST STREET  
PEMBROKE PINES, FL 33027US

SUBJECT: MJF DYNAMIC BUSINESS LLC  
REF: L19000189080

We have received your document for MJF DYNAMIC BUSINESS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing last page with signature.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon FAX Aud. #: H19000260035  
Regulatory Specialist II Supervisor Letter Number: 119A00017993

2019 SEP 10 PM 3:57  
FILED  
TALLAHASSEE, FL  
CLERK OF COURT

H1900026 00 35 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MJF Dynamic Business 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 were filed on 7/23/2019 and assigned  
Florida document number L19000189080

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 end with 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:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

H1900026 00 35 3

H190002600353

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Manuel J Fuenmayor-Padron	16860 SW 1st Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines Florida 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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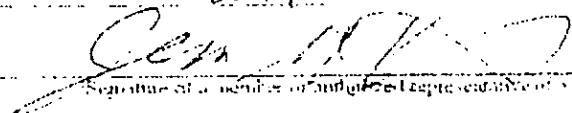
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D. If amending any other information, enter change(s) here: *Amended information: none*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
If an effective date is listed, the date must be specific and cannot be more than 90 days after filing. (405.9207 C.A.R.)

Dated 8-28 2019

  
\_\_\_\_\_  
Signature of a member of the organization or representative of the organization

Jesus Quintero, Member

Typed or printed name of officer

Page 3 of 3

Filing Fee: \$25.00

2019 SEP 10 PM 3:57

FILED

14190002600353