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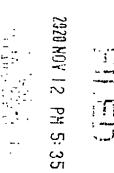
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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nec 1 7 2020 S. YOUNG

, COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynamic World Enterprises 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:
Donny Pepito Name of Person Dynamic World Enterprises Firm/Company Po Box 754 Address Aripeka, FL 34679 City/State and Zip Code DYN World Enterprises & Yakoo. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dominich Peri TO at 631 230 - 1101 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S30.00 Filing Fee & Certificate of Status 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 World Enterprises
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
4/08/2 2000
The Articles of Organization for this Limited Liability Company were filed on 4/08/2020 and assigned
Florida document number 61-80 80369 8-9.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Dominion World Enterprises LLC
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 register
agent and/or the new registered office address here:
Name of FNI and Opening and Asserta
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Enter Provide Micel address
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

Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
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			Change
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			□ Change

Tective date, if	ther than the date of filing: (optional)
in effective date is t ote: If the date ir	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	e date on the Department of State's records.
	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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ated	
	Signature of a member or authorized representative of a member
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