L20000023238

·
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COVER LETTER

Division of C		,	
	Erosion Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Hester van Schalkwyk		
		Name of Person	
	Dynamic Erosion Solution	s LLC	
		Firm/Company	
	PO BOX 9165		
		Address	-
	Fort Lauderdale, Florida, 3	33310	
		City/State and Zip Code	
	vanschalkwykhettie@gmai		
		to be used for future annual report no	offication)
For further information	concerning this matter, please of	all:	
Hester		772 284 4673	
Name	of Person	at () Area Code Dayt	ime 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 Addr		<u>Street Address:</u> Registration S	iention
Registration Division of	Corporations	Division of C	
P.O. Box 63		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dynamic Erosion Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 16, 2020	and assigned
lorida document number L20000023238		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Dynamic Maintenance, Services and Solutions LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	3512 Wood Lane	
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach	<u></u>
	Florida, 33069	<u></u>
nter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
		F *
		1
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the n	ame of the new regis
		~ ·
Name of New Registered Agent:		
-		; ò
New Registered Office Address:	Enter Florida street address	<u></u>
	, 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 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
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊟Remove
			□Change

Note:	tive date, if other than the date of filing:
e reco rd is f	ord 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 filed.
Dated	March 23 2021
Datet	
	The MOULE WALL
	Signature of a member or authorized representative of a member