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D. BRUCE OCT 04 2020

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: JS A	Dynamic Name of Lim	INICKING LUC	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jackiela	S Gumbs	<u>S</u>
	J8 G]	Dynamic Trucki	ng, LLC
	522	-6 Greenery Ct	<u>-</u>
	Orlan	10 FL 3291 City/State and Zip Code	1
-	J-mail address: (tynamics trucking to the used for future annual report not	Canon gmail com
For further information conce	erning this matter, please ca	all:	20 7
Jackiela S. Name of Per	Gumbs	at (40) 267 Area Code Daytime	-8793 FF BB TT
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability Comp	any as it now appears of our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ 000174127</u> .	1 711 24
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.I.C" or the abbreviation "L.IC,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5226 Greenery ct Orlando, Fl 32811
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5226 Greenery ct Orlando, Fl 32011
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
New Registered Office Address: 5221	
Or	Iando Florida 32811
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 Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			□Add
			□Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more	(option	nal)	.05 0207 .
te: If the date inserted in this block does not meet the applicable statutory filing reument's effective date on the Department of State's records.	equirements, this	date will not be l	isted as t
content seriective date of the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b)	The 90th day at	fter the
is filed.			
red August II, 2029. Ol			