

121 0000 27225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

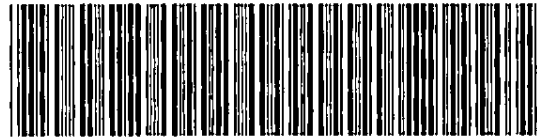
(Document Number)

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05/20/21--01010--003 **30.00

21 MAY 20 PM 12:22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DYNAMITE 3 INVESTMENT GROUP LLC
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:

AJAY PATEL

Name of Person

DYNAMITE 3 INVESTMENT GROUP LLC

Firm/Company

4350 HIGHCROFT DR

Address

WESLEY CHAPEL, FL 33545

City/State and Zip Code

AAAA_007@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AJAY PATEL

813 786-7046
at ()

Name of Person

Area Code

Daytime 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 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

[illegible]

(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 01/12/2021 and assigned Florida document number L21000027225.

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 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)

40147 LYNBROOK DR
ZEPHYRHILLS,FL.33540

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

40147 LYNBROOK DR
ZEPHYRHILLS,FL.33540

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JITENDRA PATEL	2987 HILLIARD DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL,FL.33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HARESH KUMAR	10513 CORAL KEY AVE	<input type="checkbox"/> Add
		TAMPA,FL.33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAKESH PATEL	2143 LONGLEAF CIR	<input checked="" type="checkbox"/> Add
		LAKELAND,FL.33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AJAY PATEL	4350 HIGH CROFT DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL,FL.33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAMA LLC	8115 BLOSSOM AVE	<input checked="" type="checkbox"/> Add
		TAMPA,FL.33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL HARNISH R	6569 SILVERADO RANCH BLVD,	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS,FL.33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD ADDITIONAL AMBR FROM HERE:

AMBR JBA FAMILY LP 12802 MIRAMAR PL TAMPA, FL 33625-4131

21 APR 20 PM 12:22

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated APRIL 28 , 2021

A v Patel
Signature of a member or authorized representative of a member

AJAY PATEL

Typed or printed name of signee

Filing Fee: \$25.00