LZ1000216306

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(City/State/Zip/Phone #)
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(Document Number)
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08/30/21--01038--005 **60.00



TO: Registration Section **Division of Corporations** DYNASTY STRATEGIC GROWTH LLC SUBJECT: _ 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: ADRIAN KEITH SKANE Name of Person DYNASTY STRATEGIC GROWTH LLC Firm/Company 18118 COURTNEY BREEZE DR Address **TAMPA, FL 33647** City/State and Zip Code KEITH@AMERICANDREAMCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

229-6600 EXT 1 ADRIAN KEITH SKANE Daytime Telephone Number Name of Person

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

TO ARTICLES OF ORGANIZATION OF

DYNASTY STRATEGIC GROWTH 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 ______ and assigne Florida document number 1.21000216306 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) 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 reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address		Type of Act
AMBR	MOUNTAIN WEST IRA, INC.	FBC	ADRIAN	KEITH SKANE	_ ≣ ∧dd
			18118 COURTNEY	/ BREEZE DR	□Remove
			TAMPA, FL 33647		□Change
		_			□Add
					□Remove
					□Change
					□Add
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					□Change

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 the date of filing or more than 90 days after filing.	to 605.0
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	e listec
document's effective date on the Department of State's records.	
The O0th do	u o Gor
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.	y arrei
Dated AUGUST 23 2021	
Dated	
Alyra Kell X/an Manager	
Signature of a member or authorized representative of a member	
ADRIAN KEITH SKANE, MANAGER	
Typed or printed name of signee	