## K21000220739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		

Office Use Only

A. RIVERS
JAN 2 4 2022



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### RECEIVED

2022 JAN 20 AM 10: 23

Letter Number: 622A00000682

# FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

January 10, 2022

**NEHEMIAL PERRY** 5419 RIVER FOREST DR. JACKSONVILLE, FL 32211

SUBJECT: DYNO SERVICES LLC Ref. Number: L21000220739

We have received your document for DYNO SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

DYNO S	SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
Division of Corporations DYNO SERVICES 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:  NEHEMIAH PERRY  Name of Person DYNO SERVICES LLC  Firm Company  5419 River Forest DR  Address  JACKSONVILLE FL 32211  City/State and Zip Code NEHEMIAHPERRY ©ICLOUD.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  NEHEMIAH PERRY  904  5763624  at (  Area Code Daytime Telephone Number  Finclosed is a check for the following amount:  S25.00 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status			
	DYNO SERVICES LLC	Name of Person	
	5419 River Forest DR	Firm/Company	
	JACKSONVILLE FL 322		<u></u>
	NEHEMIAHPERRY@ICL		
	E-mail address: (	to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please e	all:	
NEHEMIAH PERRY		904 5763624	
Nair	ne of Person	at ()	e Telephone Number
Enclosed is a check fe	or the following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Registratio			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassec, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNO SERVICES LLC.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation document number	ny were tiled on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u> DLYMPUS ENTERPRISES LLC	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility 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)		
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the na	me of the new regist
· · · · · · · · · · · · · · · · · · ·		DENAL
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	191 <del>2</del> 0
	. Florida	当二
	, Florida _	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			🗀 Remove
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			□Change
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the ap	plicable statutory f	r more than 90 days after ling requirements, th	r filing.) Pursuant to 605.0, is date will not be listed	207 ( Las t
record specifies a delayed effective d d is filed.	ate, but not an effectiv	ve time, at 12:01 a.	m, on the earlier of; (	b) The 90th day after t	:he
NOVEMBER 26	2021				
Pated	<del></del>	<del></del> ·			
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Typed or printed name of signee