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SECRETARY OF STATE

LILE SHARE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dynamic Power Group IIC 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:
Brandon ATiveh Name of Person
Dynamic paver Group LLC
193 East Boy Ridge DR.
weston FL 33326 City/State and Zip Code
Dynamic Power & Dynamic Power. US E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Atiyeh Name of Person at (704) 580 - 8254 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

Same of the Lim	C Poux ited Liability Com (A Florida Limite	er Group, L pany as it now appears on our r d Liability Company)	rcords.)
The Articles of Organization for this Limited I		y were filed on <u>05/2</u>	7/2021 and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	MIN	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		NIA	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address of New Registered Agent:	registered office	e address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	N/A_		
	/.	Enter Florida street a	ektress
	<u>N/A</u>	City	
		~".	LIFT COME

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
AMBR	(JOSEPH James Aliye	h)193 East BoyRidge DR.	□Add
		Weston, FL 33326	X Remove
			□Change
			□Add
			DRemove
			Change
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effective dat	ic is listed, the di	ite must be sp	ecific and canno	t be prior t	o date of filing c	or more than 90 days:	ptional) after filing.) Pursuant to	605.02
<u>e:</u> If the da	ite inserted in t ective date on	ihis block do	es not meet th	e applica	ble statutory f	iling requirements.	this date will not be	listed
ord specifi	es a delayed et	Tective date	, but not an eff	ective tin	ne, at 12:01 a.	m, on the earlier of	f: (b) The 90th day a	fter th
s filed.							•	
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		Signat	ture of a membe	r or author	ized representa	tive of a member		
		n	0	_	-			

Filing Fee: \$25.00