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C. BRUMBLEY NOV 29 2021

TO: Registration Section Division of Corpo				
SUBJECT: Dyne	amich Grou Name of Lim	P LLC ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Salva	Name of Person	<u></u>	
		Firm/Company		
	5250 Gi	ron circle		
		Address		
	Kissimme	e FL 34758 City/State and Zip Code		
		City/State and Zip Code  ron@fcifm.cog  to be used for future annual report		
For further information con	cerning this matter, please ca	all:		
Salvador (		at ( <u>407)</u> 90 Area Code Da	98 9789 Tytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address:	otion	Street Addres		

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

## TO ARTICLES OF ORGANIZATION OF

## Oynamich Group LLC (Name of the Limited Liability Company as it now appears on our records.)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
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 abbreviate 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	nd assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviate the 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 state of the name of	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the	:- 22
B. If amending the registered agent and/or registered office address on our records, enter the name of th	
	<u>ie new regist</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Projections LE LLC	12310 Noakleaf Ava, Tampa FL, 33612	□Add
			EKemove
			□ Change
	<del></del>		□Add
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			🗆 Add
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			□Change
			□Add
			□Remove
			□Change

1) Leyva, Diana P. (Title "V") 12310 U. Ookleaf ave, Tampa "Please lemove"  [L, 3316]  2) Alzate, Patricia (Title "T") 2536 Egret loop, kissimm  Please change title to "V"  FL, 34743	Mayor Diana P (Title "V") 12310 N. C	Pakleaf ave Tompa
	101	T/ 23163
2) Alzate, Patricia (Title "T") 2536 Egret loop, kissimm Please change title to "V" FL, 34743	Please remove,	10,33100
2) Alzate, Patricia (Title "T") 2536 Egret loop, Kissimm Please change title to "V" FL, 34743		
Please change title to "V" FL, 34743	2) Alzate, Patricia (Title "T") 2536 E	gret loop, kissimme
	Please change title to "V"	FL, 34743
	Effective date, if other than the date of filing:	(optional)
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 <b>Note</b> : If the date inserted in this block does not meet the applicable statutory filing r	: than 90 days after filing.) Pursuant to 605.026 requirements, this date will not be listed a
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.	document's effective date on the Department of State's records.	
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