## L2100039772

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## **COVER LETTER**

	Registration Sect Division of Corp		<b>4</b> 1 • •	+ 2 <b>114</b>	
SUBJEC		ER PACK, LLC		È,	
SUBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspon	dence concerning this matter	to the following:		
		Dr. ILIA KONDRATIEV			
			Name of Person		
		DYNE POWER PACK, L	LC		
			Firm/Company		
		5077 FRUITVILLE RD S	ГЕ 109-157		
			Address		
		SARASOTA FLORIDA 3	4232		
			City/State and Zip Code		<del>_</del>
		drilia@cavidyne.com			
		E-mail address: (	to be used for future annual	report notification)	<del></del>
For furth	er information coi	neerning this matter, please c	all:		
Dr. ILIA	KONDRATIEV			16-7264	
	Name of I	<sup>9</sup> erson	at () Area Code	Daytime Teleph	one Number
Enclosed	is a check for the	following amount:			
<b>≡</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address:		Street A	.ddress:	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 21 AM 3: 33

DYNE POWER PACK, LLC

PACK, LLC

SECRETARY OF STATE

(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 assigned Florida document number L21000397772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DYNE POWER PACKS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1623 91st CT Enter new principal offices address, if applicable: VERO BEACH, FL 32966 (Principal office address MUST BE A STREET ADDRESS) 2160 58th AVE, PMB 259 Enter new mailing address, if applicable: VERO BEACH, FL 32966 (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 registered agent and/or the new registered office address here: KENNY LUDWIG Name of New Registered Agent: 1623 91ST CT New Registered Office Address: Enter Florida street address , Florida 32966 Zip Code **SARASOTA** 

## 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.

Mannelle 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	AMY LINN ANANICZ	6724 12TH AVE NW	■Add
		BRADENTON FL 34209	□Remove
			□Change
MGR	KEITH ADAMS	5760 35th STREET	■Add
		VERO BEACH 32966	□Remove
			□Change
		<del>-11</del>	□Add
			□ Remove
			Change
		·	□Add
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