(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.1)
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(Business Entity Name)
(Document Number)
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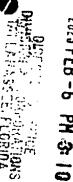
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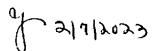


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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

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COVER LETTER

Registration Section

Division of Corporations

TO:

Dynamic Se SUBJECT:	ervices of the Treasure Coast,	LLC	
JODGECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sut	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sandra Torres		
		Name of Person	
	CPA Tax Solutions, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	500 NW 6th Street		
		Address	
	Okeechobee, FL 34972		
	-	City/State and Zip Code	
	sandra@cpataxsolutions.ne	t	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Sandra Torres		863 357-1099 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cor The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 FEB - 6 AM

Dynamic Services of the Treasure Coast, 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 11/09/2021 and assign Florida document number L21000478526 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dynamic Services of South FL, LLC 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 res 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.

City

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
			□Add
		-	□Remov
			Change
		⊡Add	
			□Remove
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			□ Change

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Effectiv	e date, if other than the date of filing: 01/27/2023 (optional)
(If an effec	tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
documer	it's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ord is file	i .
O	1/27 2023
Dated	······································
	may A. Jours
	Signature of a member or authorized representative of a member
	Omar A. Tapia Torres
	Typed or printed name of signee

Filing Fee: \$25.00