## K22000007560

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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Comment

## **COVER LETTER**

TO: Registration S Division of Co			
	RANCHISE LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ROBERTO DI LENA		
	··	Name of Person	<del></del>
	MTR & ASSOCIATES LI	LC	
	<u></u>	Firm/Company	·
	703 WATERFORD WAY	SUITE 805	
		Address	
	MIAMI, FL 33126		
		City/State and Zip Code	<del></del>
	contact@dynamocas.com	to be used for future annual report no	is (Caption)
For further information	e-man address: (	,	uneanon)
ROBERTO DI LENA	-	305 471-5874	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	rporations
P.O. Box 63:		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PRISON FRANCHISE LLC

2022 APR - 1 AM 9: 01

(Name of the Limited Liabi	ility Company as it now appears on our r da Limited Liability Company)	ecords.), Egy
		MILL HASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on 12/29/2021	and assigned
Florida document number L22000007560	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new register
Name of New Registered Agent:	<u></u> .	
New Registered Office Address:		
	Enter Florida street address	
		Florida Zip Code
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this capacity	. I further agree to comply with th

Thereby 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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christian A Garcia Guzman	2433 PASADENA WAY	
		WESTON, FL 33327	□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			Remove
			☐ Change
	***************************************		
		<del></del>	Remove
			Change
			Remove
			□Change

	of filing:(optional)	
ffective date, if other than the date	of filing: (optional) secific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	1207
an effective date is listed, the date must be spe	one not most the applicable statutory filing requirements, this date will not be lister	1 03
an effective date is listed, the date must be spoote:  If the date inserted in this block do	oes not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.	
ffective date, if other than the date an effective date is listed, the date must be spoote: If the date inserted in this block document's effective date on the Department.		
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an effective date is listed, the date must be spoote:  If the date inserted in this block do becoment's effective date on the Department of the properties and specifies and delayed effective date. It is filed.  MARCH 27	ment of State's records.  but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the state of	the