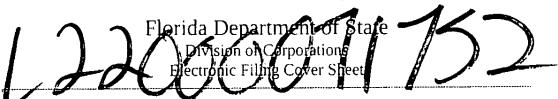
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DYNAMIC ASCENSION LLC

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Electronic Filing Menu Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAMIC ASCENSION LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company were filed on 02/11/22  Florida document number L22000071752	and assigned
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 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 register
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
	= [7]
New Registered Office Address:  Enter Florida street address	w = = = = = = = = = = = = = = = = = = =
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## 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.

City

Zip Code

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	MICHAEL LYNCH	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	<b>⊠</b> Remove
			□Change
			🗖 Add
			□Remove
			Change
			□Add
			□Remove
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40-074-11			□Add
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If an effective date is Note: If the date i	other than the da listed, the date must be userted in this block we date on the Depa	e specific and car t does not meet	mot be prior to o t the applicabl	tate of filing or mo e statutory filing	(option re than 90 days after fi requirements, this o	nal) ling.) Pursuant to 605.0 date will not be listed	)07 as '
ne record specifies a ord is filed.	i delayed effective d	ate, but not an	effective time	, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	he
Dated 02/24			2022				
~	) orga	<u>~</u>	M.	ed representative (	of a member		
	(1) SI	gnature of a fileli	noci of aumoniz	an representative			
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Filing Fee: \$25.00