L2200400788

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo			
SUBJECT: DYNA	HAME SOLUT	TONS, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Max VAn	J ARS DAVE Name of Person	
	_ DUNAL	Firm/Company	3, 110
	334	CHANDUR Address	DR.
	ST J	OHNS To 32 City/State and Zip Code	259
	E-mail address: (to be used for future annual report not	tication)
For further information con	cerning this matter, please co	all:	
MATTHEW Name of P	MCCORD erson	at (AC) 826 Area Code Daytim	ne Telephone Number
Enclosed is a check for 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)
Mailing Address: Registration Se Division of Cor		Street Address: Registration Se Division of Co	rporations
P.O. Box 6327		The Centre of I	Γallahasse e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNA HOME SO	DWDONS, UC 2024,"", 16 FX 5	i: 13
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	-
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000 4007</u>	_ 1	:d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS) ———	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new re-	gisterec
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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	LAVRA LESUE	85 CATALINA CIRCLE	□ Add
		STAKUSTINE, FI 32086	2_ XRemove
			□Change
			□Add
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			□Change
			□Add
			□Remove
		\	∏Change

v. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Note:	(optional) Sective date, if other than the date of filing:
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Signature of a member or authorized representative of a member
	LAURA UTSUE Typed or printed name of signee

. . .

Filing Fee: \$25.00