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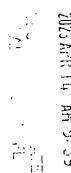
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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations DYNAMIC MARGINS PROPERTY MANAGEMENT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Mungin Name of Person Dynamic Margins Property Management LLC Firm/Company 1860 NW 86 Terrace Address Miami, Florida 33147 City/State and Zip Code Rmmungin7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Mungin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **\$25.00** Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



DYNAMIC MARGINS PROPERTY MANAGEME		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 1/17/23	and assigned
Florida document number L23000030402		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here;	
DYNAMIC MARGINS LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201 SE
Principal office address MUST BE A STREET ADDRESS)		25 W
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Maning dauress MAT BE A FOST OFFICE BOA)		-
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new regist
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address		Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing re- becoment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605, equirements, this date will not be liste	.020 ed a:
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	the earlier of: (b) The 90th day after	r the
ated $\frac{4/9/23}{Mb}$, M6	,R	
Signature of a member or authorized representative of a	a member	