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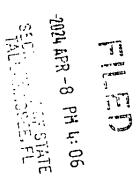
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COVER LETTER

	n of Corporations
SUBJECT:	Dynamic Labelling Solutions LLC Name of Limited Liability Company
The enclosed Ai	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Garry J. Singh Name of Person Dynamic Labelling Solutions LLC Firm/Company
	1021 Windlass Ct Address
	KISSIMMEE, FL 34746 City/State and Zip Code
	masingha Quahoo.com 4-mall address: (to be used for future annual report notification)
For further info	mation concerning this matter, please call:
<u>G</u> 0	Name of Person at (909) 646.2369 Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
□ \$25.00 Filir	rig Fee \$\sigma\$ \$
Regis Divis P.O. I	Street Address: Itration Section On of Corporations Box 6327 Division of Corporations The Centre of Tallahassee Division of Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1) yhamic La	belling Soluti	ons LLC	
(Name of the Limited (A	belling Solution Liability Company as it now a Florida Limited Liability Comp	appears on our records.) Dany)	
The Articles of Organization for this Limited Liab	, ,	on	and assigned
This amendment is submitted to amend the follow	_		
A. If amending name, enter the new name of the	ne limited liability compa	ny here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company,	"the designation "LLC" or the ab-	breviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
F-4			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
munnig uduress mai bl a 1 031 0111cl be	<u></u>		
			
B. If amending the registered agent and/or reg agent and/or the new registered office address		our records, <u>enter the nam</u>	e of the new registered
			
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street address	
	City	Florida	✓ Zir£ode
New Registered Agent's Signature, if changing Re	•	Ä	100 PM
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performan ered agent as provided fo gistered office address, I	ce of my duties, and I am f r in Chapter 605, F.S. Or,c	amili co with and if this document is

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>	Address	Type of Action
AMBR	Garry J. Singh	1021 Windlass Ct Kissimmee, FL 34746	CFAdd
	•	Kissimmee, FL 34746	
			Change
			🗆 Add
			Remove
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m effectiv ote: If th	late, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more that e date inserted in this block does not meet the applicable statutory filing requi- s effective date on the Department of State's records.	
ecord spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
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	ale	SEC APR -8
	Signature of a member or authorized representative of a m	nember 20
	Coarry I Coarp	-
	Garry J. Singh Typed or printed name of signee	The state of the s
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