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COVER LETTER

	gistration Se vision of Co				
STIB IFOT:	DYNAMEX SERVICES LLC				
SUBJECT.	•	Name of Limited Liability Company			
Dear Sir or	Madam:				
The enclose	ed Statement	of Correction and fee(s) a	re submitted for filin	g.	
dease retur	n all corresp	oondence concerning this n	natter to the following	है:	
KAYON M	IARAGH				
	-	Name of Person	- 11 	-	
DYNAME	C LLC				
		Firm/Company		_	
15096 SW	22ND STRE				
		Address		_	
MIRAMAF	R. FL 33027				
	(City/State and Zip Code		-	
yandtgroup	@gmail.com	n			
E-mai	l address: (to	o be used for future annual	report notification)	-	
For further	information	concerning this matter, pk	ease call:		
KAYON M	1ARAGH		786) 368-5830 Daytime Telephone Number	
	Name	of Person	Area Code	Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is	a check for	the following amount:			
≣\$25 Filin	g Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: L24000159747 SECOND: Document to be corrected is:___ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: INCORRECT STATEMENT - ARTICLE 1 NAME: DYNAMEX SERVICES LLC CORRECT STATEMENT - ARTICLE I NAME: DYNAMEC LLC OR \Box Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR П The electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. egistered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)