

L24000427104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

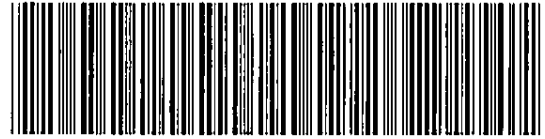
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRDynamics
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:

Jose A Nunez

Name of Person

TRDynamics

Firm/Company

8700 Overseas Hwy

Address

E6

City/State and Zip Code

Marathon, FL-33050

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose A Nunez

Name of Person

at 305 9000149

Area Code

Daytime 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 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

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STATE OF FLORIDA
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRDynamics

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/02/2024 and assigned
Florida document number L24000427104.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NTRDynamics LLC

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)

NUNEZ, JOSE A. JR

8700 OVERSEAS HWY E-6

MARATHON FL-33050

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

POX - 500088

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jose A Nunez JR

New Registered Office Address: 8700 OVERSEAS HWY E-6

Enter Florida street address

MARATHON

City

Florida 33050

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	NUNEZ, JOSE A, JR	8700 OVERSEAS HWY E-6 MARATHON,	<input type="checkbox"/> Add
		FL 33050	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NUNEZ, JOSE A, JR	8700 OVERSEAS HWY E-6 MARATHON,	<input type="checkbox"/> Add
		FL 33050	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RODRIGUEZ, RACHEL	8700 OVERSEAS HWY APT E6 MARATHON,	<input type="checkbox"/> Add
		FL 33050 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 DEC - 6 PM 2:56
 DEPT. OF STATE
 TALLAHASSEE, FL

2024 DEC 11
STC
FALL
⑩

2024 DEC -6 PM 2:56
STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-27-2024 BY 603207 (3)C
11

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

Dated 11-29-2024 at 1:50 PM

Filing Fee: \$25.00