L24000440336

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| Tell |
| <u> </u> |

Office Use Only



000448323760

04/09/25--01024--003 1130 00

angland

COVER LETTER

| | egistration Se ivision of Cor | | | | |
|---------------------------|----------------------------------|--|---|--|--|
| SUBJECT | | iving Realty LLC | | | |
| SUBJECT | · | Name of Lim | ited Liability Company | | |
| | | | | | |
| The enclos | ed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please retu | ım all correspo | ndence concerning this matter | to the following: | | |
| | | JAYSON DE LEON | | | |
| | | | Name of Person | | |
| DYNAMIC LIVING REALTY LLC | | | | | |
| | | | Firm/Company | | |
| | | 3374 AMACA CIRCLE | | | |
| | | _ | Address | | |
| | | ORLANDO FLORIDA 32 | 2437 | | |
| | | | City/State and Zip Code | | |
| | | JAYSONDELEON@AOL | COM to be used for future annual repor | t notification) | |
| | | | - | t portification) | |
| For further | r information co | oncerning this matter, please ca | alt: | | |
| JAYSON | DE LEON | | 321 228-45 at () | | |
| | Name of | Person | | aytime Telephone Number | |
| Enclosed is | s a check for th | e following amount: | | | |
| □ \$2 5,00 |) Filing Fœ | ■ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DYNAMIC LIVING REALTY LLC | | |
|--|--|---------------------------|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 10/15/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDR. | 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, <u>enter the</u> | name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florid | lo. |
| | , riono | la |

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> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|------------------------------------|----------------|
| MGR | JAYSON DE LEON | 3374 AMACA CIRCLE ORLANDO FL 32837 | = Add |
| | | | □Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | □Change |
| | | | □ Addi |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | | - | | | |
|--|-------------------|----------------------------|--|---|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | <u></u> | |
| | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | . | |
| | | | | | |
| | | | | | |
| ective date, if other than the effective date is listed, the date is | e date of filing | ; | | (option | a l) |
| te: If the date inserted in this | block does not m | ect the applicabl | date of filing or more le statutory filing re | unan 90 days aner me equirements, this d | ate will not be listed a |
| ument's effective date on the | Department of St | iate's records. | | | |
| 1 | | o rr e car e ar e e | | obd: | The Oral decrease |
| cord specifies a delayed effec s filed. | IVE GAIC, DUI BOI | an effective time | e, at 12:01 a.m. on | ine cartier of: (b) | The sourcesy after the |
| | | | | | |
| 04/03 | | 2025 | | | |
| cd | · | 2025 | • | | |
| cd | · | Touch Lo | • | | |
| cd | j | Papel de | red representative of | a member | |