(Requestor's Name) (Address)	2002519230
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	SUFFICIONEY OF FILE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DYNA PRO	SHOTWARE C	Whateney to
DOCUMENT NUMB	P06000	083591	SUE YOURTS USEN
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	SIVA	KADIYALA	
		Name of Contact Perso	n
-	DYNAPRO	SFTWARE C	ensolvancy snc
	OU Z FIF	• •	
-	205 120	Address	· -
	TALLAMALBER	FL 37) الد
-	.,,-3,00	City/ State and Zip Cod	
	E-mail address: (to be used to be	·	notification)
SEVA KA	DIYOLA f Contact Person	at (de & Daytime Telephone Number
	the following amount made		•
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section ion of Corporations		dment Section on of Corporations
P,O.	Box 6327	Clifto	n Building
Talla	hassee, FL 32314	2661 1	Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

13 SEP 26 PH 12: 27

Dynapro	Soldrene	consultan	u he	SECRETARY OF STA
(Name of Corr	oration as currently	filed with the Florid	a Dept. of State)	The second of th
P 06000	00 83591	•		
		of Corporation (if kno	wn)	
cursuant to the provisions of so s Articles of Incorporation:	ection 607.1006, Flor	ida Statutes, this <i>Flori</i>	da Profit Corporat	ion adopts the following amendmer
. If amending name, enter	the new name of the	corporation:		
				The new
'Corp.," "Inc.," or Co.," or vord "chartered," "profession	the designation "Co nal association," or th	rp," "Inc," or "Co". he abbreviation "P.A.	A professional co	corporated" or the abbreviation proration name must contain the
B. Enter new principal office				
Principal office address <u>MUS</u>	SI BE A SIREEI AI	ODKE <u>SS</u>)		
		_		·
C. Enter new mailing addre	ss, if applicable:			
(Mailing address MAY BE		<u> </u>	-	
				<u> </u>
		_	_	
		_		
 If amending the registere new registered agent and 			<u>n Florida, enter th</u>	e name of the
new registered agent and	for the new register	ed office address.		
Name of New Registe	red Agent			
			•	
		(Florida street ac	ddress)	
V D I I I I I I I I I I I I I I I I I I				
New Registered Office	e Address:	(City)	, Fl	orida(Zip Code)
		(Chy)		(Zip Code)
New Registered Agent's Sign hereby accept the appointme	nature, if changing R nt as registered agen	Registered Agent: t. I am familiar with a	and accept the oblig	gations of the position.
	Signature of	New Registered Agen	t. if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) 🔏 Change	_Y	AHRUTH KODELA	2123 Fielding was
_ X _ Add			Tallahonee
Remove			PL 3234
2) Change			·
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	hange, reclassificati	on, or cancellation	of issued shares	<u> </u>
rovisions for implementing the am (if not applicable, indicate N/A)	enament ii not conta	amed in the amend	mient usen;	
(y not apprecible, maleule may				
	·			
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			<u></u>	

The date of each amendment(s) adoption	on: 09/26/13
Effective date if applicable:	09/26/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for th	e amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 09 0	1 (2013 name
Signature	name C
(By a directo selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	SIVA KADIYALA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)