## P1200006250

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SULFILIARY OF STATE DIVISION OF CORPORATIONS

MAR 31 2016 C MCNAIR

## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: PYNAMIC PHYSICAL Lehas and  DOCUMENT NUMBER: P12000000250
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Dynamic Physical Lehas ac  Firm/ Company  4445 W 14 auc + 500  Address  thaleah & 33012  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (30 T), 698 2270  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

	to		<b>3</b> 937
	Articles of Incorporation of		So Office
Dunance Phur		n U	<b>是</b>
(Name of Corporation as curren		, , <u> </u>	— (j
1120000	06130		95
(Document Numb	er of Corporation (if known)	,	<del></del>
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Profi	it Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of the	he corporation:		
·			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A prof		
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
	<del>-</del>		<del></del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>		<del></del>
If amending the registered agent and/or reg new registered agent and/or the new registe		a, enter the name of the	_
Name of New Registered Agent	rea office address.		
		<del></del>	
	(Florida street address)	<del></del>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing hereby accept the appointment as registered ages	Registered Agent: nt. I am familiar with and accer	of the obligations of the position	
			•
Signature o	f New Registered Agent, if chang	ring	

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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	_ Diaz	Prieto, Avellail	4445 W 16 ave + 500 thalean 12 33012
Add	,		)	thalean IL 33012
Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove		•		
6) Change				
Add	··			-
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
<del></del>		
		<del></del>
		·
	·	
	<u>-</u>	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation of iss dment if not contained in the amendment	ued shares. itself:
(y not appreciote, material (v.x.)		
		_ <del></del>

The date of each amendment(s) adoption: 03 (18 (2016)) date this document was signed.	, if other than the
- 2110 12 211	
Effective date if applicable: 05 [18   001 U]  (no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/vere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/18/2014	
Signature  (By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	_
MUSICIENT (Title of person signing)	_
(Title of person signing)	