

L23000518812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

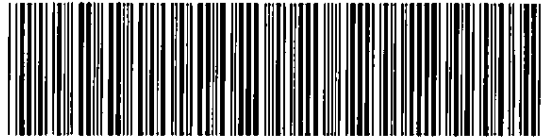
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*Handwritten signature*

## WALLACK LAW FIRM

MICHAEL M. WALLACK  
ATTORNEY

Executive Center Building  
3665 Bee Ridge Road, Suite 312  
Sarasota, FL 34233

Telephone (941) 954-1260  
Fax (941) 296-7437  
Email: [MMW@WallackLawFL.com](mailto:MMW@WallackLawFL.com)

### LETTER OF TRANSMITTAL

December 14, 2023

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Amendment  
Document Number: L23000518812  
Name of Corporation: Dynamite Investment LLC, a Florida limited liability company

#### ENCLOSURES:

Wallack Law Firm Operating Account Check #2280 in the amount of: \$25.00 - (Articles of Amendment)  
1. Articles of Amendment: Dynamite Investment LLC, a Florida limited liability company

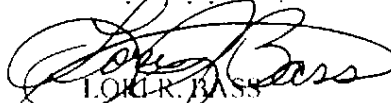
The above enclosures are:

<input type="checkbox"/> For Your Information	<input checked="" type="checkbox"/> For Filing
<input type="checkbox"/> For Review and Comment	<input checked="" type="checkbox"/> For Payment
<input checked="" type="checkbox"/> For Necessary Action	<input type="checkbox"/> For Publication
<input type="checkbox"/> Per Your Request	<input type="checkbox"/> For Remittance
<input type="checkbox"/> Per Our Conversation	<input checked="" type="checkbox"/> See Remarks Below

REMARKS: Please file the enclosed Articles of Amendment to Articles of Organization of Dynamite Investment LLC, a Florida limited liability company.

Please don't hesitate to contact our office if you have any questions.

Very truly yours,

  
LORI R. BASS  
Paralegal

/lrh

Encl.: As Stated.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DYNAMITE INVESTMENT LLC

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:

MICHAEL M. WALLACK, ESQ.

Name of Person

Wallack Law Firm

Firm/Company

3665 Bee Ridge Road, Suite 312

Address

Sarasota

FL

34233

City/State and Zip Code

MMW@WallackLawFL.com

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

For further information concerning this matter, please call:

MICHAEL M. WALLACK, ESQ.

Name of Person

at ( 941 ) 954-1260

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

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

**DYNAMITE INVESTMENT LLC**

(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 11/16/2023 and assigned Florida document number L23000518812.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:** N/A

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:** N/A

*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.*

N/A

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JIGNESH PATEL	5450 MONTE VERDE CT	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHINTAN PATEL	5681 CHARMANT DR	<input type="checkbox"/> Add
		CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAYAL PATEL	977 CHARLELA LANE, APT 316	<input type="checkbox"/> Add
		ELK GROVE VILLAGE, IL 60007	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSHAN BISHT	302 167TH BLVD E	<input type="checkbox"/> Add
		BRADENTON, FL 34212	<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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: DECEMBER 14, 2023

Maulik Patel

Signature of a member or authorized representative of a member

MAULIK PATEL

Typed or printed name of signee

**Filing Fee: \$25.00**