

L140000000639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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FILED
2015 OCT -2 PM 12: 27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

3/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOMINA SALVATORE L.L.C.

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:

DOMINA SALVATORE

Name of Person

DOMINA SALVATORE L.L.C.

Firm/Company

11511 SW 145 AVE

Address

MIAMI, FL 33186

City/State and Zip Code

sal.domina@live.it

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

For further information concerning this matter, please call:

MARCO VITI

786 2775867
at ()

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2015

DOMINA SALVATORE
11511 SW 145 AVE
MIAMI, FL 33186

SUBJECT: DOMINA SALVATORE LLC
Ref. Number: L14000066639

We have received your document for DOMINA SALVATORE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This entity was voluntarily dissolved on 09/14/2015.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file the articles of revocation of dissolution is \$100. Please include an additional \$30 for each certified copy (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00020112

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 OCT -2 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMINA SALVATORE L.L.C.

(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 04/24/2014 and assigned Florida document number L14000066639.

This amendment is submitted to amend the following:

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

DOMINA SALVATORE L.L.C.

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:

11511 SW 145 AVE MIAMI, 33186

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

11511 SW 145 AVE MIAMI, 33186

(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:

Name of New Registered Agent:

MARCO VITI

New Registered Office Address:

11511 SW 145 AVE

Enter Florida street address

MIAMI, FL

City


Florida

33186

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

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	SALVATORE DOMINA	1511 SW 145 AVE MIAMI, FL 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MARGO VITI	1511 SW 145 AVE MIAMI, FL 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ROSA LABARILE	*	<input type="checkbox"/> Add
		14873 SW 104 ST 6-103 MIAMI, FL 33185	<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 <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.)

Multiple horizontal lines for amending information.

FILED
2015 OCT -2 PM 12:27
RECORDS & INFORMATION
DEPARTMENT OF STATE

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 _____

Signature of a member or authorized representative of a member

SALVATORE DOMINA

Typed or printed name of signee