

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L22000159122

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000342935 3)))



H230003429353ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : 120210000039  
Phone : (407)374-2329  
Fax Number : (407)412-5926

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO MEDICAL HOMECARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2023 SEP 29 PM 1:17

FLORIDA  
DIVISION OF CORPORATIONS  
STATE

2023 SEP 29 PM 12:33

APPROVED  
AND  
FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

SEP 30 2023

K. Brumley

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ORLANDO MEDICAL HOMECARE 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PLAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

INFO@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

CLEITON

407

374-2329

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

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

ORLANDO MEDICAL HOMECARE 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 04/01/2022 and assigned  
Florida document number 1,22000159122.

This amendment is submitted to amend the following:

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

Moura Miller Partner Assets LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
			<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
			<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

[illegible]

**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.

Dated 09/28/2023 2023

Typed or printed name of signee