

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2200457982**

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To:

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

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : I20210000039  
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  
ANGULAR OUTDOOR LIVING LLC**

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

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Corporate Filing Menu

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MAR 30 2023  
Assembly

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANGULAR OUTDOOR LIVING 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 PIAZZA 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



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
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Dated 03/28/2023, 2023

✱

Typed or printed name of signee