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3/29/23, 9.31 AM

Division of Corporations

# Florida Department of State

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.

(((H23000118075 3)))



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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:

## BLLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANGULAR OUTDOOR LIVING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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# **COVER LETTER**

	Registration Se Division of Cor			
CHD IEC	ANGULAI	R OUTDOOR LIVING LLC		
SOBJEC	CT:		nted Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CLEITON CARDOSO		
			Name of Person	——————————————————————————————————————
		DOMINIUM CONSULTI	NG SERVICES	
			Firm/Company	
		6965 PIAZZA GRANDE	AVE - SUITE 206	
		<del></del>	Address	
		ORLANDO FLORIDA 32	835	
			City/State and Zip Code	
		INFO@DOMINIUMCS.CO		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	ıll:	
CLEITO	N		407 374-2329 at ()	
•	Name o	f Person	Area Code Daylime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	X) 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 Page: 5 03/29/2023 09:43 AM TO:18506176383 FROM:4074125926

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGULAR OUTDOOR LIVING LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L22000457982</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:	bmitted to amend the following:  e. enter the new name of the limited liability company here:	
A. If amending name, enter the new name of the lim	nited liability company here:	
ALENPA OUTDOOR LIVING LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the al	bbreviation "L L.C."
Enter new principal offices address, if applicable:	1322 Michigan Avenue, Saint Cloud, F	L. 34769
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1322 Michigan Avenue, Saint Cloud, F	L. 34769
(Stating datess BIAT DE ATOST OFFICE BOA)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·· ;-
	, Florida	0
	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

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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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
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		<u></u>			
Note: If the	date, if other than the date of we date is listed, the date must be spec- ne date inserted in this block doe is effective date on the Departme	s not meet the appl	licable statutory filir	(optional) fore than 90 days after filing- ig requirements, this date	) Pursuant to 605,020 will not be listed a
	d specifies a delayed effect th day after the record is		not an effective	time, at 12:01 a.m.	on the earlier o
Dated	03/28/2023	2023			
	ŧ				

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Typed or printed name of signee

Filing Fee: \$25.00