A-9600001024

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	siness Entity Nar	me)		
(Do	ocument Number)			
• Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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B. BOSTICK
AUG 2 0 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Dominguez L+D Name of Florida Limited Partnership or Limited Liability Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Marta Daning
Mayta Dominguez Contact Person
Dames and 1+n
Dominguez 170 Pirm/Company
7911 novemac AVE Address
Address
One: 1 0 . 1 F/ 3311/2
Miani Black F/33147 City, State and Zip Code Maxta dominguez 1td & Yalaa. com E-mail address: (to be used for future annual report notification)
Moute de la como
E-mail address: (to be used for future annual report notification)
Fig. 72
For further information concerning this matter, please call: 305-864-4380 at (305) 178-1930 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount:
205 200 1125 125 1250 7 5
305 - 864 - 4380 at (305) 278 - 1930 \(\frac{1}{2} \) Name of Contact Person Area Code and Daytime Telephone Number \(\frac{1}{2} \)
in a second seco
\$52.50 Filing Fee \$61.25 Filing Fee \$113.75 Filing Fee,
and Certificate of and Certified Copy Certified Copy, and
Status . Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Dominguez L insert name currently on file	+0
insert name currently on file	with Florida Department of State
	ate was filed with the Florida Department of State on da document number <u>1960000102Y</u> ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited partnership or limited liability limited partnership
Domingue 2 New name must be distinguishal	Marta 1+0 ole and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
B. If amending mailing address and/or principal office address here:	al office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	7911 Novemac ave Misemi Beach Fl 33141
New Mailing Address: (May be post office box)	
	ed 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:

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.

If	Changing	Registered	Agent,	Signature	of New	Registered Agent

D.	If amending the general partner(s).	, <u>enter the name and</u>	business addre	ss of each genera	al partner b	eing
ado	led or removed from our records:			•		

<u>Title</u>	Name		Address	Type of Action
GP.	Dimas	Domingu	miami Back F1	Ave Add Remove
GP.	marta	Dominguez	7911 November as Missel Beach Florida 3314	Add Remove
				Add Remove
				AddRemove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

L	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
---	---

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, e	enter change(s) here	: (Attach additional	sheets, if necessary.)
			
Effective date, if other than the date of filing	g:		
(Effective date cannot be prior to nor more than 90 of State.)	days after the date this	document is filed by th	ne Florida Department of
Signature(s) of a general partner or all ge	eneral partners*:		
(*NOTE: Only one current general partner is requiremoving a "limited liability limited partnership" elewhen adding or removing a "limited liability limited"	ection statement. Chap	oter 620, F.S., requires	
Marta Dominguez			
Signature's) of all new or dissociating ger	neral partner(s); i	<u>fany</u> :	51.5 1 5
Marta Daninge	0		AUG 15
There gamenge	3 -		7
		<u> </u>	Si g C
			Dr. 17
		•	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2012

MARTA DOMINQUEZ DOMINGUEZ LTD 7911 NOREMAC AVENUE MIAMI BEACH, FL 33141

SUBJECT: DOMINGUEZ, LTD. Ref. Number: A96000001024

We have received your document for DOMINGUEZ, LTD. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section "A" of the Certificate of Amendment form. (if amending the name)

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 112A00020211