L03000003356



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COVER LETTER

TO: Registration Section

Division of Cor	porations			
THE 2003.				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	GILMORE A. DOMINGU	JEZ		
		Name of Person		
		Firm/Company		
	4920 BAY WAY PLACE			
		Address		
	TAMPA FL 33629			
		City/State and Zip Code		
	JCDTAMPA@GMAIL.CC	OM to be used for future annual report no	vice-vice)	
For further information c	oncerning this matter, please c		meation)	
JOSEPH DOMINGUEZ		813 239-7802		
Name of Person		at ()	ne Telephone Number	
iName o	rerson	Area Code Daytir	ne retepnone Number	
Enclosed is a check for the	ne 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		Street Address: Registration So	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE 2003, LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L03000003356	01/28/2003 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
'he new name must be distinguishable and contain the words "Limited Liability Company," the	te 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)	<u> </u>	
3. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new regis	
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>	Address	Type of Action
AMGR JOSEPH DOMINGUEZ		4611 W LONGFELLOW AVE, TAMPA FL 33629	= Add
			□ Remove
		<u> </u>	□Change
AMGR	JOSEPH P. DOMINGUEZ, JR.		□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			Change
	474		□ Add
			□Remove
			Change
			□Add
			□Remove
			□ C'hanus

Typed or printed name of signee