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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Dom	e Enterprises		Cleaning	j LLC
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Gino Da	Rosa		
		Name of Person		
	Dome Enterp	orises Pressu	re Cleanin	15 666
	DOING THICK	Firm/Company		
	LIBATUM STO			
	48014th STS	Address		
	Naples FL	34117		
	Domeenterpris	City/State and Zip Code		
		o be used for future annual		
			report notification)	
For further information c	oncerning this matter, please ca	ill:		
Gino Da Ras	a	at (239) 3	398 6692	2
Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$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

TO ARTICLES OF ORGANIZATION OF

Dome Enterprises Pressure Cleaning 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 January 13th, 2010 Florida document number L10000004746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enterprises 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) Same 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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If an effect Note: If	date, if other than the date of filing: we date is listed, the date must be specific and cannot be prior to date of filing or me the date inserted in this block does not meet the applicable statutory filing seffective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 60 g requirements, this date will not be lis	- 05.020 sted a:
	d specifies a delayed effective date, but not an effective to th day after the record is filed.	ime, at 12:01 a.m. on the earl	ier o
Dated	December 6th, 2015.		
	Signature of a member or authorized representative	,	

Page 3 of 3

Filing Fee: \$25.00