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SECRETARY OF STATE

J. BRYAN
NOV 1 2 2010
EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co	ecțion . rporations			
SUBJECT:	Warme of Limi	ted Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	<u>Campace</u> (	Name of Person	TALL TO ME	
		Firm/Company	10 NOV 10 PM 1:	ļ
	00360 Oal	Park Chay #D	F STATE FLORIO	
	- Oder	IND FC SOFOO City/State and Zip Code WMRU & GMAIL C		
For further information (	E-mail address: (concerning this matter, please concerning this matter)	, J	tion)	
Cambo	of Person	at (407) 75% 800 Area Code & Daytime T	Telephone Number	,
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

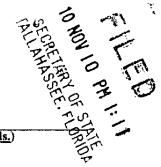
### MAILING ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



( Dome Distributions	(60.	575
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recontability Company)	rds.) RELEGIE
The Articles of Organization for this Limited Liability Company Florida document number 100000910000.	were filed on SEPTEMBER	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
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)	1230 DEWEY AV. Orlando, FC 36	E TFOF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	. Flo	
	City, F101	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name **Address Type of Action** ☐ Add Remove Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00