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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE DOME RESTAURANT BAR AND LOUNGE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| RACHELT | DOMINGUEZ Name of Person | _ |
|--|---|--|
| CO THE | DOME RESTAURANT Firm/Company | _ |
| 2711 | trude Lik | _ |
| CORAL G RD ART MA E-mail address: (to | City/State and Zip Code GLD acl. com o be used for future annual report notification) | 2011 OCT 31 SECRETARY FACIENHASSE |
| For further information concerning this matter, please ca | at TB6 54 4 · D 185 Area Code & Daytime Telephone Numb | OF STA |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status CERTIFICATION OF ADDRESS | Certified Copy Certific (additional copy is enclosed) Certific | filing Fee, cate of Status & ed Copy onal 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

THE DOME RESTAULANT BAR AND LOUNGE LLC (Name of the Limited Liability Company as it now appears on our records.)

| The Articles of Organization for this Limited L | iability Company wer | e filed on 5127 | / N and | d assigned | |
|---|-------------------------|--------------------------|----------------------|------------------|-----|
| Florida document number LII DOOC | | | | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liability | company here: P | IK | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limited 1 | iability Company," the c | designation "LLC" or | the abbreviation | n |
| Enter new principal offices address, if applic | able: | <u> </u> | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | | |
| | | | NEC SEC | | |
| Enter new mailing address, if applicable: | | _ | RE TAR AHASS | OCT STATE | ¥ . |
| (Mailing address MAY BE A POST OFFICE | BOX) | | m Y | | |
| | | | FLOR | - R | |
| B. If amending the registered agent and registered agent and/or the new registered of | | address on our reco | rds, enter the nan | ne of the new | Ľ |
| Name of New Registered Agent: | NA | | | | |
| New Registered Office Address: | 271 M | GRACE HI | da street address | | |
| | CORALGA | bles. | Florida 33 | 134 | |
| | Ci | ty | Zip (| Zode | |

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Type of Action** Name Address ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member <u>Camac</u> Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager