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2011 JUL -1 PH 231

C. LEWIS

JUL - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Explicitly Division of Corporations					
SUBJECT: DOMATIRA PROCESS SERVICE, LL.C. 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:					
CHRIS E. TRAMMELL Name of Person					
DOMATRA PROCESS SERVICE, L.L.C.					
7833 OTT WILLIAMS ROAD					
CLERMONT, FL 34714-8655 City/State and Zip Code Ctrammell@Century Ink.net E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
CHRIS E. TRAMMELL at (352) 394-86/2 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \\ \text{(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

FILED

2011 JUL -A PH 2 31

Domatra Process Service, L Secretary Of STATE
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 $\underline{5-36-2011}$ and assigned Florida document number <u>L 11000662825</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1833 OFT WILLIAMS ROAD CLERMON, FL 34914-8655 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7833 OTT WILLIAMS ROAD 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 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.

City

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>	<u>Name</u>	Address	Type of Action
N/A	_		Add Remove
			Add ☐Remove
			AddRemove
D. If an	nending any other information,	enter change(s) here: (Attach additional sheet	s, if necessary.)
\mathcal{O}	ALAIN - PRIMA	352-394-8612	
		352-394-8612	
2	E-MAIL ADDRESS	S: c+rammell@centu E NUMBER:	rylink.net
(3)	FIELD - PHONE	E NUMBER:	<u>'</u>
•		407-257-8959	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Dated _	June 24	, 2011	SECRETARY TALLAHASSE
	Signatur	e of a member or authorized representative of a mem	nber T
	CHRIS	•	STATE LORDE
		Typed of printed name of signee	D:

Page 2 of 2

Filing Fee: \$25.00