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(Re	equestor's Name)	
(Ad	ldress)	
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(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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2015 SEP -8 P 4: 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

BELOS JELS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINO SAM LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	Company were filed on 04/01/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	YESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 	
maining data ess may be a 1031 OFFICE BUAL		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address. Name of New Registered Agent:	tered office address on our records, gress here:	FILE 15 SEP -8
New Registered Office Address:	Enter Florida street address	-
	. Flori	m s
	City, F10T10	da No

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
MGRM	ZAID HAIMAN	15638 S.W. 53RD STREET	
		MIRAMAR, FL 33027	Remove
			☐ Change
	-		
			☐ Remove
			☐ Change
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an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	st be specific and c lock does not me	annot be prior et the applica	able statutory	or more than 90 filing requirem	days after filing.) Pursuant to will not be	o 605.02 e listed
e record specifies a delaye The 90th day after the rec		ite, but no	t an effecti	ve time, at 1	l2:01 a.m.	on the e	arlier
SEPTEMBER 1		2015	•				
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