

L14000082041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAY 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED MAY 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOMINION VENTURES, 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:

DAVID P. FRASER

Name of Person

PARRISH, WHITE & YARNELL, P.A.

Firm/Company

3431 PINE RIDGE RD., STE. 101

Address

NAPLES, FLORIDA 34109

City/State and Zip Code

davidfraser@napleslaw.us; maryella@dominionven.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID FRASER

at (**239**) **566.2013**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2015

DAVID P FRASER
3431 PINE RIDGE RD STE 101
NAPLES, FL 34109

SUBJECT: DOMINION VENTURES, LLC
Ref. Number: L14000082041

We have received your document for DOMINION VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 915A00006683



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

DAVID P FRASER
3431 PINE RIDGE RD STE 101
NAPLES, FL 34109

SUBJECT: DOMINION VENTURES, LLC
Ref. Number: L14000082041

RECEIVED
15 MAY 12 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

We have received your document for DOMINION VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00008543

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOMINION VENTURES, 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 05/21/2014

Florida document number L14000082041

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9128 STRADA PLACE

#10115

NAPLES, FLORIDA 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DOMINION VENTURES, LLC

9128 STRADA PLACE, #10115

NAPLES, FLORIDA 34108

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:

MARYELLA LOMAN c/o DOMINION VENTURES, LLC

New Registered Office Address:

9128 STRADA PLACE, #10115

Enter Florida street address

NAPLES

City

, Florida 34108

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 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.

Maryella Loman
If Changing Registered Agent, Signature of New Registered Agent

FILED
15 MAY 12 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SARA DUCKETT	390 SEABEE AVE.	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34108	<input checked="" type="checkbox"/> Remove
MGR	GREG LOMAN	c/o DOMINION VENTURES, LLC	<input checked="" type="checkbox"/> Add
		9128 STRADA PLACE, #10115	<input type="checkbox"/> Remove
		NAPLES, FLORIDA 34108	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 MAY 12 PM 4:58
 CLARK COUNTY
 FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHERRI CHAPMAN	2590 NORTHBROOKE PLAZA, DR.	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34119	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGR - MARYELLA LOMAN'S ADDRESS SHOULD BE CHANGED TO:

9128 STRADA PLACE, #10115

NAPLES, FLORIDA 34108

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 13, 2015



Signature of a member or authorized representative of a member

MARYELLA LOMAN - MGR

Typed or printed name of signee

FILED
15 MAY 12 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA