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(Ad	ldress)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Registration Se Division of Cor		
AML ESTA		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	CLEITON CARDOSO	
	Name of Person	
	DOMINIUM CONSULTING SERVICES, LLC	
	Firm/Company	
	121 S ORANGE AVE STE 1110	
	Address	
	ORLANDO, FL - 32801	
	City/State and Zip Code INFO@DOMINIUMCS.COM	7
	E-mail address: (to be used for future annual report notification)	0.2 MET
For further information e	one time this matter, prease turn	- 1889
CLEITON CARDOSO	407 730-9887 G	tgutter?
Name o	Person Area Code Daytime Telephone Number 2017	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

AML ESTATE, LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited)	<mark>nny as it now appears on our r</mark> Liability Company)	records.)				
The Articles of Organization for this Limited I	Liability Company	were filed on 12/12/2014	 	_ and assigned			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name	of the limited liab	nility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"L1.C" or the abbre	viation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		244 BISCAYNE BLVD. STE 1002					
		MIAMI - FL - 33132					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		244 BISCAYNE BLVD. MIAMI - FL - 33132	STE 1002				
		MIAMI - FL - 33132	Fre	2015			
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the	e name of the			
Name of New Registered Agent:	DOMINIUM CONSULTING SERVICES, LLC						
New Registered Office Address:	121 S. ORANGE AVE STE 1110						
		Enter Florida street d	address				
	ORLANDO		Florida				
		City		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTONIO LEUZZI	244 BISCAYNE BLVD.	
		STE 1002	☐ Remove
		MIAMI - FL - 33132	☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
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Filing Fee: \$25.00