L15600 141167

MAIL
Status





700276498247

09/01/15--01023--025 **75.00



SEP 2 1 2015

J SHIVERS



September 2, 2015

dom private investments llc 2710 sw port st lucie blvd port st lucie, FL 34953

SUBJECT: DOM CONSULTING SERVICES LLC

Ref. Number: L15000141167

We have received your document for DOM CONSULTING SERVICES 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 the corrected original and one copy of 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.

Letter Number: 815A00018586

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

то:	Registration Se Division of Cor		* · · · · · · · · · · · · · · · · · · ·	3
SUBJE		SULTING SERVICES LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		DOM CONSULTING SER	RVICES LLC	
			Firm/Company	-
		2710 SW PORT SAINT L	UCIE BLVD	
			Address	
			City/State and Zip Code	
		PORT SAINT LUCIE, FLO	ORIDA 34953	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOM CONSULTING SERVICES LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	y Company)	
	filed on AUGUST 18, 2015 and assigned	
his amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on AUGUST 18, 2015 and assigned Florida document number L15000141167 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address bere:		
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	>= 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10	
	The second secon	
Inter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		
	9 i i i i i i i	
	100 Control of the Co	
	address on our records, <u>enter the name of th</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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, 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>	<u>Address</u>	Type of Action
MGR	DOM INC		Add
			■ Remove
			□ Change
MGR	DOM GROUP INC	1391 NW Saint Lucie West	<u>Qlv</u> ≧ Add
		1391 NW Saint Lucie West Ste 105 Port St Lucie, Fil 349 bl	e □ Remove
			☐ Change
			
			Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
		Rem	Remove
			Change
			□ Remove
			Change

<i></i>						
	· -					
					<u> </u>	
`						
		<u> </u>	<u>.</u> .			
		- <u>-</u>				
				= : B) B		
						
ective date, if other th n effective date is listed, the c	an the date ot late must be speci	filing: fic and cannot be	prior to date of fili	ng or more than 90 o	_ (optional) lays after filing.) P	ursuant to 605.020
te: If the date inserted in cument's effective date or				ry filing requireme	ents, this date wi	Il not be listed a
record specifies a de	elayed effect	ive date, but	not an effec	tive time, at 1	2:01 a.m. ön	the earlier o
The 90th day after th					' 74.	ें जे
, AUGUST 25		2015			(報) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	SEP
ted AUGUST 25			<u> </u>		1000 420 23 777	8
(1					ن الله الله الله الله الله الله الله الل	P
					· ·	d Man

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00