

L15000162473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

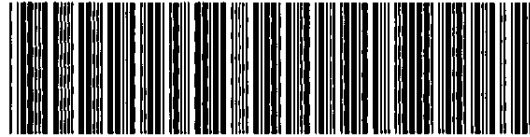
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280345976

01/04/16--01009---003 **60.00

FILED
16 JAN -4 AM 11:38
ALPHASSET, FLORIDA

JAN 05 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOM Global Services 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:

Luis Ernesto Zamora

Name of Person

DOM Global Services LLC

Firm/Company

12552 SW 143rd Ln

Address

Miami FL 33186

City/State and Zip Code

domglobalservices@gmail.com

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

For further information concerning this matter, please call:

Luis Ernesto Zamora

786 6565444

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 GlobalServices.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 24th September of 2015 and assigned
Florida document number L15000162473.

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 "L.L.C."

Enter new principal offices address, if applicable:

12552SW 143rdLn, Miami, FL 33186

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

12552SW 143rdLn, Miami, FL 33186

(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:

Cecilia N. VAL Fujihara

New Registered Office Address:

9741 Fontainebleau Boulevard, Unit 106

Enter Florida street address

Miami

Florida 33172

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>	<u>Type of Action</u>
MGR	Maikol Monsalve	1607 Ponce de Leon Boulevard	<input checked="" type="checkbox"/> Add
		Coral Gables, Miami	<input type="checkbox"/> Remove
		FL 33134	<input type="checkbox"/> Change
AMBR	Bibiana Jaramillo	12552 SW 143rd Ln	<input checked="" type="checkbox"/> Add
		Miami	<input type="checkbox"/> Remove
		FL, 33186	<input checked="" type="checkbox"/> Change
MGR	Omar Zamora	12552 SW 143rd Ln	<input type="checkbox"/> Add
		Miami	<input type="checkbox"/> Remove
		FL 33186	<input checked="" type="checkbox"/> Change
MGR	Luis Zamora	12552 SW 143rd Ln	<input type="checkbox"/> Add
		Miami	<input type="checkbox"/> Remove
		FL 33186	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JAN 24 AM 11:38
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

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

16 JAN -4 AM 11:38
HAWAII, HAWAII

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 28 December 2015

~~Signature of a member or authorized representative of a member~~

OMAR DANIEL ZAMORA NIEVES

Typed or printed name of signee

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
V412-114-76-962-0
CECILIA KATSUE
VAL FUJIMURA
6741 FONTAINEBLEAU BLVD APT 108
MIAMI, FL 33172-5718
DOB: 05-22-1974 SEX: F
EXPIRATION DATE: 2016-10-01
ENDORSEMENTS: NONE
SALESMAN
OPERATION OF A MOTOR VEHICLE constitutes consent to any technology used connected to the