LI5000/66949

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COVER LETTER

TO: Registration Section Division of Corporations



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Do-1009 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 (sendosed))

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

	O DRGANIZATION
)F
(Name of the Limited Liability Compa (A Florida Limited)	NDUSTRIES, LLC my as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000166949</u>	were filed on $\frac{10/01/2015}{2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab $K \cup TT R \cup TE CASi $	ility company here: DominoES,LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2905 NW 68 LANE MARGATE, FL 33063
(Principal office address MUST BE A STREET ADDRESS)	MARGATE, FL 33063
Enter new mailing address, if applicable:	PO Box 813247 Hollywood, FL 33021-3247
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33021-3247

registered agent and/or the new registered office address here:

Name of New Registered Agent:		5.,	20	
New Registered Office Address:			19 HA	-17
	Enter Florida street address		2 5	172.227s
	, Florida			1
	City	Zip	Corle	111
<u>New Registered Agent's Signature, if changing Registered Agent:</u>			:- 3	

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, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Change
			🗖 Add
			C Remove
			Change
			🖸 Add
			Remove
			NIN Ghange I Fillenove
			Change
			🗖 Add
			Change
			Add
			Remove
			Change

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

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MR 29 FH 1: 34

E. Effective date, if other than the date of filing: ________(optional) (It'an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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	MARCH	27 2019	
		CAPL	
		Signature of a member of authorized representative of a member	
		JASON A. MCCOU	
		Typed or printed name of signee	

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Filing Fee: \$25.00