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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	 - <u> </u>
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COVER LETTER

TO:		istration Sec sion of Corp			
◆ SUBJEC	rer.	MLS GENE	RAL SERVICES, LLC		1
SOBJEC	.	-	Name of Limi	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	aturn	all correspon	ndence concerning this matter	to the following:	
			CLEITON CARDOSO		
			•	Name of Person	
	DOMINIUM CONSULTING SERVICES LLC Firm/Company				
	6965 PIAZZA GRANDE AVE UNIT 206				
Address					
			ORLANDO, FL 32835		
			···	City/State and Zip Code	
			INFO@DOMINIUMCS.CO		
				to be used for future annual report notific	cation)
For furth	ier in	formation co	oncerning this matter, please ca	all:	
ANA CI	LAR	A PIMENTA	\	407 374-2329 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a	check for the	e following amount:		
■ \$25.	.00 Fi	iling 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)
			NG ADDRESS:	STREET/COURIE Registration Section	•

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our imited Liability Company)	records.)
mpany were filed on 09/15/2010	6 and assigned
ed liability company here:	
ed Liability Company," the designation	on "L1.C" or the abbreviation "L.1C."
	
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red office address on our r ess here:	records, enter the name of the ne
Enter Florida stree	u address
	, Florida
	red office address on our r

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>	Address	Type of Action
AMBR	PAULO HENRIQUE A. SANTOS	9019 OUTLOOK TRAIL	
		WINDERMERE, FL 34786	Remove
			Change
AMBR	JOAO PEDRO F. DOS SANTOS	9019 OUTLOOK TRAIL	⊒ Add
		WINDERMERE, FL 34786	□ Remove
			□ Change
			Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			Change
		·	☐ Remove
			☐ Change

	
	
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	at 12:01 a.m. on the earlier o
ed JUNE, 22 2018. Signature of a member or authorized representative of a member of authorized representative of a member of a member of authorized representative of a member of a me	

Page 3 of 3

Filing Fee: \$25.00