1 07/27/2022 Page:

7/27/22, 11:39 AM

08:51 AM

TO:18506176383 FROM:4074125926

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 Phone : (407)374-2329 Fax Number : (407)412-5926

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DC MELO, LLC

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TO:		istration Section sion of Corporati	ons		<b>;</b>
SUBJE	ECT:	DC MELO LLC		Limited Liability Company	
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The en	closed	Articles of Amen	dment and fee(s) are	submitted for filing.	
Please	return	all correspondence	e concerning this ma	tter to the following:	
		Ci	LEITON CARDOSC		
				Name of Person	
		DO	OMINIUM CONSU	LTING SERVICES	
				Firm/Company	_
		69	65 PIAZZA GRANI	DE AVE - SUITE 206	
		<del>14.4*</del>		Address	
		OI	RLANDO FLORIDA	V 32835	
				City/State and Zip Coc	de
		INI	O@DOMINIUMC:	S.COM ss: (to be used for future annu	
7.) C	.1 .	<i></i>			iai teport notification)
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		Name of Person		Area Code	Daytime Telephone Number
Enclose	ed is a	check for the follo	wing amount:		
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Registration Section
Division of Corporations
Clifton Building

Page: 5 07/27/2022 08:51 AM TO:18506176383 FROM:4074125926

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC MELO LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000227544</u>	npany were filed on 11/02/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l.l.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>e</u> s <u>s here</u> :	nter the name of the nev
Name of New Registered Agent:		2022 J
New Registered Office Address:	Enter Florida street address	AN FILE FIARY C HASSEE
	, Florid	
New Registered Agent's Signature, if changing Registered A	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.

Page	If amending or removed  MGR = M	g Authorized Person(s) author from our records: Ianager	AM TO:18506176383 rized to manage, <u>enter the title, t</u>	person being added
	AMBR = A	authorized Member  Name	<u>Address</u>	Type of Action
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	Please change the purpos	se of this limited liability company
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	TO: REAL ESTATE IN	VESTMENTS AND DEVELOPMENT
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	record specifies a dela he 90th day after the i	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier or record is filed.
Dat	July 27th	2022  JELLA CASE MELD  Signature of a member or authorized representative of a member
	(T), 1000	AT CO 1 O 1 COT COOT OF

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00