# 118000007155

(Req	uestor's Name)	-
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DIVISION OF CORPORATION

K. SALY JAN 3 1 2018

## COVER LETTER ...

TO: Registration Section Division of Corporations
SUBJECT: Dominato a Tradustries UC 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:
Name of Person
Dominator Industries LLC Firm/Company
11436 Versalles Cane
Port Nucley F2 34668 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (B13) 391 - 4134  Area Code Daytime Telephone Number
Name of Terson Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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



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Dominator Indus	tries LLC	PH 12: 44
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) rability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18</u> 00000 7155.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
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:		
(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 of registered agent and/or the new registered office address here		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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. Thereby 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\_being added</u> <u>'or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Kwin Dommermuth	11436 Versallies Care	Add	
		11436 Versallies Care Port May 12 34666	🗆 Remove	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  DIVISION (ARY CO.)
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_	1/20/11
(If an eft Note:	tive date, if other than the date of filing:
the red b) The	. cord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of: 90th day after the record is filed.
Dated	1/22/18 2018  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	·
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00