Page: 1 6/21/2019 00//21/2009		
Note: Please print this page and use it as a cover sheet. Type the fax audit numb (shown below) on the top and bottom of all pages of the document.	er	
(((H19000193909 3)))		
H190001939093ABC8 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pag Doing so will generate another cover sheet.	je.	
To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : DOMINIUM CONSULTING SERVICES, LLC Account Number : I20180000103 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.**		
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABC AUTO WORKS LLC Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25.00		
	o sco	TT

JUN 2 4 2019

Electronic Filing Menu

Corporate Filing Menu

Help

,

Page: 2 06/21/2019 11:15 AM TO:18506176383 FROM:3213199949

COVER LETTER

TO: Registration Section Division of Corporations

ABC AUTO WORKS LLC SUBJECT:

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:

CELITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

SERVICES@DOMINIUM CS.COM

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

For further information concerning this matter, please call:

 CAMILA
 407
 374-2329

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

- V 1. C. W. W. B.

·...

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

Page: 3 06/21/2019 11:15 AM TO:18506176383 FROM:3213199949 DocuSign Envelope ID: 6A5A8850-7894-4C85-BE0D-AE3E664B20A6 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Lunited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company L18000210639 Florida document number	9/04/2018 were filed on	and assigned
This amendment is submitted to amend the following:		r.:
A. If amending name, <u>enter the new name of the limited liab</u> ARF_CLEANING_AND_MAINTENANCE_LLC	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L L.C.".
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8275 LOOKOUT POINTE DR	~
	WINDERMERE, FL 34786	<u>ر</u> یا
		ر. ــــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable:	8275 LOOKOUT POINTE DR	
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE, FL 34786	*******

Name of New Registered Agent:		
New Registered Office Address:	Enter Floruda street addr	45N
	, ł	lorida 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

Page: 4 06/21/2019 11:15 AM TO:18506176383 FROM:3213199949 DocuSign Envelope ID: 64548850-7894-4C85-BE0D-AE3E664820A6 In amenoing Autoorized Ferson(s) autoorized 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> AMBR	<u>Name</u> MIGUEL CARRASCO	Address	<u>Type of Action</u>
			Add
			Kemove
			Clunge
AMBR	EDNA DE CAMPOS CORDEIRO	8275 LOOKOUT POINTE DR	🛛 Add
		WINDERMERE, FL 34786	Remove .
			Change
			□ Add -
			E Remove
			Change
			Add
			C Remove
			Change
			🗆 Add
			C Remove
			Change
			🗆 Add
			🛛 Remove
			Change

Page: 5 06/21/2019 11:15 AM TO:18506176383 FROM:3213199949 DocuSign Envelope ID: 6A5A8850-7894-4C85-BEOD-AE3E664B20A6 D. 11 americanog any other information, enter change(>) here: *iAttach additional sheets, if necessary.*)

 · · · · · · · · · · · · · · · · · · ·
 یند
 یند
 یند
 یڈ۔
 یند
 یند

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 _	6/21/2019	2019	
	DecarSigned by,		
	44/A/BE6/9D4439	Signature of a member or authorized representative of a member	
	ALESSANDRO REN	ER FERREIRA	
		Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00