## Electronic Filing Cover

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20180000103 : (407)374-2329 Phone

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. 👯

Email Address:\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILGA COMPANY, LLC

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Corporate Filing Menu

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## **COVER LETTER**

	ision of Cor					
CUD III CI		MPANY, LLC				
SUBJECT:		Name of Linu	ited Liability Company			
The encloses	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		CLEITON CARDOSO				
			Name of Person	<del></del>		
		DOMINIUM CONSULTI	ng services			
Firm/Company						
6965 PIAZZA GRANDE AVE - SUITE 206			2019 SE(			
			Address			
ORLANDO, FL - 32835			2019 MAR 13 SECRETARI TALLAHASS	FE		
			City/State and Zip Code		AM 10: 06 Yor state	.Eg
		SERVICES@DOMINIUM				
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)	* <b>6</b>	
CAMILA	-	2	407 374-2329			
	Name o	f Person	at ( )	: Telephone Number	<del></del>	
			,			
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		
		,	Tallahassee, FL 32	301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILGA COMPANY, LLC  (Name of the Limited Liebility Compar (A Florida Limited L	y as it now appears on our records. iability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Company Florida document number		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	Sity Company" the designation "LLC"	or the abbreviation "L.L.C."
	4705 Pershoie Ln,	<b>201</b>
Enter new principal offices address, if applicable:	Kissimmee 34746	-9 -
(Principal office address MUST BE A STREET ADDRESS)		R F
Enter new mailing address, if applicable:		RECOFSI
nter new mailing address, if applicable: <u>Sailing address MAY BE A POST OFFICE BOX</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addres	ES
	, Fl	orida
	Cuy	- <b>r</b>

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:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KNUD GACOMS		Add
			Remove
			Change
AMBR	RENATA TAZINAZO	2578 CARRICKTON CIRCLE	■ Add
		ORLANDO, FL 32824	☐ Remove
			Change
		·	Add
			C Remove
			ZEBange FI
			FIS A Dichange
			D Add
			Remove
			Change
			Add
<del></del>			Remove
			Change

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Filing Fee: \$25.00