Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	rporations	
	Fax Number	: (850)617-6383	
From:			
		: DOMINIUM CONSULTING SERVICES, LLC	
	Account Number	: 120180000103	111
	Phone	: (407)374-2329	
	Fax Number	: (407)412-5926	,
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		s for this business entity to be used for	
ann	ual report maili	ngs. Enter only one email address please.	, <del>*</del> *
Fma	il Address:		

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARTINELI INVESTMENTS, LLC

Certificate of Status	0
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MAY 6 2019

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Corporate Filing Menu

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## **COVER LETTER**

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	Registration Division of C	Section Corporations		
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SUBJE	.ı: <u></u> _	Name of Lim	ited Liability Company	<del></del>
The enci	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corre	spondence concerning this matter	to the following:	
		CLEITON CARDOSO		
			Name of Person	<del></del>
		DOMINIUM CONSULTI	NG SERVICES	2215
			Firm/Company	
		6965 PLAZZA GRANDE	Name of Person  INIUM CONSULTING SERVICES  Firm/Company  PLAZZA GRANDE AVE - 206  Address  City/State and Zip Code  CES@DOMINIUMCS.COM  E-mail address: (to be used for future annual report notification)  this matter, please call:  407 374-2329  at (	( 1
			Address	
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For furth	ner informatio	n concerning this matter, please o	ali:	
camila			at (	
	Nan	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check fo	or the following amount:		
<b>□ \$</b> 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		□ \$60.00 Filing Fee, Certificate of Status & 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

## DocuSign Envelope ID: 20F36FF5-776A-47DE-B4EA-ADE41277139F

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINELI INVESTMENTS, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our re dress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	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

DocuSign Envelope ID. 20F36FF5-778A-47DE-B4EA-ADE4t277139F
11 simenum Authorized rerson(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>	<u>Address</u>	Type of Action
AMBR	WILLIAM MARTINELI		
			🔀 Remove
			□ Change
			□ Add
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			Change
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Page 3 of 3

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