Division of Corporations

Electronic Filing Cover Sheet

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:

Page:

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.

Email	Address:	 	 	_	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCHA INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 24 2019

M. SOLOMON Help

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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SUBJEC	.I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CELITON CARDOSO		
			Name of Person	
		DOMINIUM CONSULTI	NG SERVICES	
			Firm/Company	
		6965 PIAZZA GRANDE	AVE - SUITE 206	
			Address	
		ORLANDO FLORIDA 32	835	
		·	City/State and Zip Code	
		SERVICES@DOMINIUM		
		E-mail address: (to be used for luture annual report	notification)
For furth	er information of	concerning this matter, please co	all:	
CAMIL	۸	of Person	407 374-232 at ()	9
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for t	the following amount:		
□ \$25.	(10) Filing Fee	☐ \$30.00 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 enclused)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(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>	Name	Address	Type of Action
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[Dated	SEPTEMBER 18		2019				
		SEPTEMBER 18	Truo H	Acche	representative	of a member		 -
		BARBARA FINOT						
				yped or printed nam	e of signee			

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Filing Fee: \$25.00