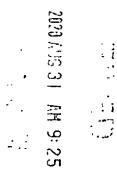
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(R	equestor's Name)
(A	ddress)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(O	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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•	Office Use Only



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SEP 01 2020 S. YOUNG



August 16, 2020

PEDRO MARTE ROYAL CONSULTING FIRM, INC 1520N 28TH AVENUE HOLLYWOOD, FL 33020

SUBJECT: DOMI-SHOW PRODUCTIONS, LLC

Ref. Number: L20000052652

We have received your document for DOMI-SHOW PRODUCTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00015533

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Divi	ision of Corp	porations				
	DOMI-SHO	W PRODUCTIONS	•			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Pedro Marte				
			Name of Person			
		Royal Consulting Firm, Inc				
			Firm/Company	- 		
		1520N 28th Ave.				
	Address					
		Hollywood, Fl 33020				
			City/State and Zip Code			
		pmsatmexrd@yahoo.com E-mail address: (to be used for future annual report not	ification)		
For further in	nformation co	oncerning this matter, please co	all:			
Pedro Marte			954 595-8290 st ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	a check for th	e following amount:				
□ \$25.00 F	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 enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMI-SHOW PRODUCTIONS, L	LC			<u>ω</u>
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	1
The Articles of Organization for this Limited L Florida document number L20000052652	iability Company	were filed on FEB 20	, 2020	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Lisbi	lity Company," the design	ation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREI	13499 Biscayne Blv	d. Suite 809, Miam	i, FI 33181	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13499 Biscayne Blv	d. Suite 809 Miami	FI 33181
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our recor	ds, enter the nan	ne of the new registere
Name of New Registered Agent:	Pedro Marte			
New Registered Office Address:	1520 N 28th A	ve. Enter Florida s	treet address	
	Hollywood		, Florida <u>33</u>	3020
		City	, FIOLICE	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

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
AMBR	Roberto Mieses RM	950 Hancock Creek Blvd. S, Apt 321, Cape Coral, F	F1 3: □ Add
			BRemove
			Change
AMBR	Julio Cesar Sabala De Jesus	13499 Biscayne Blvd. Suite 809, Miami, Fl 33181	\alpha \alpha dd
			□Remove
			Change
AMBR	Dominicana Soto > 5.	340 Park Street, Apt. 3A, Hackensack, NJ 37601	□Add
			ERemove
			Change
AMBR	Pedro Marte	1520 N 28th Ave. Hollywood, Fi 33020	= Add
		*	□Remove
			Change
	.		□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffective date	, if other than e is listed, the date	the date of f	iling:	*	6.61	(op	otional)	+- 6D6 D30
an effective day Note: If the di	e is tisted, the date ite inserted in th	e must be specifi is block does r	c and cannot be p not meet the ap	plicable stat	utory filing r	equirements, t	this date will n	ot be listed a
ocument's eff	ective date on t	he Department	of State's reco	rds.				
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record specifi is filed.	es a delayed eff	ective date, but	not an effecti	ve time, at I	2:01 a.m. on	the earlier of:	וועפ אוו (מ)	cay andrun
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			Lo X . 7	. 0- 0				
_		Signature	of a member or	outhorized re	presentative of	a member		
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Rol	erto Mieses			orinted name				

Filing Fee: \$25.00