KZC CCC 393050

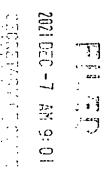
(F	Requestor's Name)	
(F	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
	Q. SILAS	
	11 , 52	1

Office Use Only



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COVER LETTER

Division of Corpor	rations		
SUBJECT: DO	MINGO'S Name of Lim	LOGISTICS ited Liability Company	LLC
		, , ,	
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	RICARI	Name of Person	NGOS
		Firm/Company	
	1800 7	/ 5 T S T Address	
			33141
-	MA-URO DO	City/State and Zip Code OMINE Q YA-HOC to be used for future annual report notifi	o. GM fication)
For further information conc			
RICARDO DO	om/NGOS erson	at (909) Z18 - Area Code Daytim	CUD e Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 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:		Street Address:	

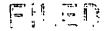
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DOMINGO'S WO	(215 T ICS	LLC 2021 D	EC -7 AH 9:01
Name of the Limited Liability	Company as it now app	ears on our records.)	
(A Florida L The Articles of Organization for this Limited Liability Cor		17/16/20	7 MARIO 11 1 1 1 1 20 20 20 20 20 20 20 20 20 20 20 20 20
		12/10/20	and assigned
Florida document number <u>LZ0000393050</u>	- •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," t	ne designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on ou	r records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
Non-Book and Office Address			
New Registered Office Address:	Enter i	Florida street address	
		Florida	•
	City	i kirkia	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 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>	<u>Name</u>	Address	Type of Action
MGR	DOMINE, MAURO	1800 7155 ST	(`X Add
		MIAMI BEACH, FL 33141	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
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an effe ote:	we date, if other than the date of filing:
record is file	I 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 ed.
ated _	NOVEMBER 26th 2021
	Signature of a member or authorized representative of a member
	RICARDO J. DOMINGOS Typed or printed name of signce