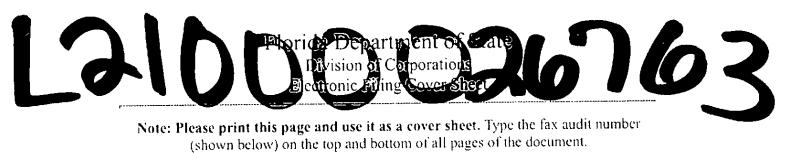
TO:18506176383 FROM:3213199949 08/2/2021 06:31 AM 1 Page:



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039

: (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.\*\*

Fmail Address:	
EMAIL AUGUESS.	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DNE DEVELOPMENT LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

		COVER LETTER	
TO: Registration Se Division of Cor			
	ELOPMENT LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	CLEITON CARDOSO		
		Name of Person	
	Address  ORLANDO FLORIDA 32835  City/State and Zip Code  SERVICES © DOMINIUM CS.COM  E-mail address. (to be used for future annual report nonfication)  on concerning this matter, please call:  at (A)  ORLANDO Floring Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  AULING ADDRESS:  STREET/COURIER ADDRESS:  SERVICES (A)  STREET/COURIER ADDRESS:  STREET/COURIER ADDRESS:		
		Firm/Company	CORE
	6965 PIAZZA GRANDE /	AVE - SUITE 206	55 T
		Address	
	ORLANDO FLORIDA 32	835	7.00
		City/State and Zip Code	
	E-mail address. (	to be used for future annual report notifi	ration)
For further information of	concerning this matter, please ca	all:	
CAMILA			
Name	of Person		Telephone Number
To dear I wan about for	cha fallowing amount:		
		□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	1

TO:18506176383 FROM:3213199949

06:31 AM

08/2/2021

P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

Page: '5 08/2/2021 06:31 AM TO:18506176383 FROM:3213199949

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DNE DEVELOPMENT LLC	
(Name of the Limited	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L21000026763</u>	bility Company were filed on 01/11/2021 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	3OX)
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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

Page: '6 08/2/2021 06:31 AM TO:18506176383 FROM:3213199949

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
AMBR	Eduardo Mauro Assis Gomes	14075 Helsby St	
		Orlando, Fl. 32832	■ Remove
AMBR	EMF DEVELOPMENT LLC	14075 Helsby 8(	<b>∃</b> Add
		Orlando, Fl, 32832	□ Remove
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E. Effec	tive date, if other than ffective date is listed, the date	the date of filing: _		(0	ptional)	r. 605 D2
Note:	ffective date is listed, the date  1 If the date inserted in thi ment's effective date on th	is block does not meet	the applicable statute	ing of more than 90 tays, my filing requirements.	this date will not	be listed :
If the re	ecord specifies a dela e 90th day after the	yed effective date record is filed.	e, but not an effe	ctive time, at 12:0	1 a.m. on the	earlier
			021			
154100	d July 29th		·			
		n	has as outhorized capra	sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00