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# Florida Department on State. División of Corporations Electronic Filing Cover Shak

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 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.\*\*

Empil	Address:		
	Muui Caa.		

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOCAL RENOVATION LLC

CUZI AUG 19 AM 10: 26 SENTANSER, FLORIDA

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# **COVER LETTER**

	Registration Se Division of Cor				
emp tea		ENOVATION LLC			
SUBJEC	, I :	Name of Lim	ited Liability Company		
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		CLEITON CARDOSO			
			Name of Person		
		DOMINIUM CONSULTI	NG SERVICES		2021 AUG 19 PH 12: 14 SECRETATE OF LORID TALLAHASSI ELILORID
			Firm/Company	<del></del>	福高
		6965 PIAZZA GRANDE	AVE - SUITE 206		7557
		-	Address		mar P
		ORLANDO FLORIDA 32	2835		1024 17: -
			City/State and Zip Code		on F
		SERVICES@DOMINIUM			
		E-mai) address. (	to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please c	all:		
CAMIL	А		407 374-2329		
	Name o	f Person	at () Area Code Daytime	Telephone Number	<u> </u>
Enclosed	l is a check for th	ne following amount:			
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr	ING ADDRESS: ation Section	STREET/COURI Registration Section Division of Corpora	n	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCAL RENOVATION LLC		
(Name of the Limited I	Liability Company as it now appears on our Florida Limited Liability Company)	reçords.)
The Articles of Organization for this Limited Liabi Florida document number $\frac{1.21000030885}{1.21000030885}$	lity Company were filed on 01/14/202	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, <u>enter the name of the new</u>
New Registered Office Address:		
New Register Office Address.	Enter Florida stree	t 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Danielly Gazzi Lopes	2756 Madrigal Lane	
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(lif an ef	tive date, if other that fective date is listed, the da	ite must be specif	fic and cannot be	prior to date of filin	g or more than 90 da	( <b>optional</b> ) ys after filing.) Pursus year this data will by	ant to 605.0
Note: docur	If the date inserted in onent's effective date on	the Departmen	not meet the ap	ords.	y ming requiremen	ns, ons one with the	oc iisice
-a.,		)			ivo timo, at 17	).01 a.m. on th	ام معدانما
(b) The	cord specifies a de e 90th day after th	e record is fi	iled.	t not an enect	ive time, at 12		e carner
			2021				
	August 3rd						

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Filing Fee: \$25.00

Typed or printed name of signee