

L21 000185499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100367655001

06/11/21--01022--015 \*\*35.00

2021 JUN 11 PM 4:20

7/6/21 @

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Dominion Enterprises, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Miller  
Name of Person

One Dominion Enterprises, LLC.  
Firm/Company

3304 SW 8<sup>th</sup> Court  
Address

Cape Coral, FL. 33914  
City/State and Zip Code

dominionmag@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Miller at 770, 885-6099  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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:**

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

**Street Address:**

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**

One Dominion Enterprises, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 21, 2021 and assigned Florida document number L21000185499.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

One Dominion Enterprises, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3304 SW 8th Court  
Cape Coral, FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3304 SW 8th Court  
Cape Coral, FL 33914

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Sarah Miller

New Registered Office Address:

3304 SW 8th Court

Enter Florida street address

Cape Coral, FL

City

Florida

33914

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sarah Miller	3304 SW 8th Court	<input checked="" type="checkbox"/> Add
		Cape Coral, FL. 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sarah Miller	3304 SW 8th Court	<input checked="" type="checkbox"/> Add
		Cape Coral, FL. 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
If the filing is exempt from the requirements of this block, does not meet the applicable statutory filing requirements, this date will not be listed as the

If the record 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 record is filed.

Dated June 15<sup>th</sup> 2021

*Leah Miller*  
Signature of a member or author

Signature of a member or authorized representative of a member

Sarah Miller

Typed or printed name of signee

**Filing Fee: \$25.00**