## 121000346814

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## **COVER LETTER**

TO: Registration S Division of Co				
DOMINIC SUBJECT:	QUE ANTHONY LLC			
SOBJECT:	Same of thi	inted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	binuted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	DOMINIQUE ANTHON	Y		
		Name of Person		
	DOMINIQUE ANTHON	Y LLC		
		Firm/Company		
	9137 CARMELA AVENI			
		Address		
	DAVENPORT, FLORIDA			
	DANTH002@GMAIL.CO	City/State and Zip Code		
	="	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all;		
DOMINIQUE ANTHOR		407 603-1868		
Name of Name o	of Person the following amount:	Area Code Daytime	Telephone Number	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. 88 Certificate of Status & Certified Copy 1-1-1-1 (additional copy is enfolsed)	

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

DOMINIQUE ANTHONY L.L.C.		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	<del></del> _
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/11/2023	and assigned
Florida document number 1.21000346814		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	nability Company," the designation "LLC" or the	abbreviation "L.U.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	ne of the new register
<u> </u>		237
Name of New Registered Agent:		000
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New Registered Office Address:	Enter Florida street address	<del></del>
		IT IT
	Florida	——————————————————————————————————————
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## 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.

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if	other than the date	of filing:	12/2023	_	(optior	nal) FA	02
in effective date is o <u>te:</u> If the date i	listed, the date must be sp nserted in this block d	recific and cannot oes not theet th	ot be prior to date se applicable s	of filing or more tatutory filing re	than 90 days after fi muirements, this o	ling.) Pursuant local late will not be l	505,0207 . isted as
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record specifies a lis filed.	delayed effective date	, but not an ef	fective time, a	(12:01 a.m. on t	he earlier of: (b)	The 90th day a	fter the
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