L22000237668

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ALLAHASSEE, PLA

2022 AUG -2 AM 10: 5:

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Dominium Construction L Name of Limited Liability Company	lc.		
	ndment and fee(s) are submitted for filing. ce concerning this matter to the following:			
riease return an corresponder	ce concerning this matter to the following.			
-	Joss Pereira Briterco Name of Person	<u>o</u> rt		
-	Domi nion Constructio Firm/Company	on Lic.		
-	11001 Palmerston Altenue Address			
-	Ponta Gorda FL 33955 City/State and Zip C Joas bytencartericloud E-mail address: (to be used for future and	ode		
_	Joas by tencartoicloud	nual report politication)		
For further information conce		······································		
Joas Pereira F	on tencort at (941) Area Code	258 8588 Daytime Telephone Number		
Enclosed is a check for the fu	Howing amount:			
ॐ \$25.00 Filing Fee □	S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Cop	y Certificate of Status &		
Mailing Address: Registration Sec Division of Corp	ion Reg	et Address: Istration Section ision of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FUED

	C- 4. 1. 11	TO BUG - Z HAM NOT TO BUG TO
Dominum (Name of the Limited I (A)	iability Company as it now appears forida Limited Liability Company)	"SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>J</u>	May 23, 2022 and assigned
Florida document number <u>L2200023766</u>	8	. ,
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company her	<u>'e</u> :
ATHOS CONSTRUCTION LI	_ c	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e;	
(Principal office address MUST BE A STREET A	DDRESS)	
	<u></u>	
The same of the sa		
Enter new mailing address, if applicable:	•••	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or registered affice address h		cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address:	Enter Flori	da 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 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

٦

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
			□Change
	WANTED IN THE COLUMN TO THE CO	And the second s	□Add
			□Remove
			□Change
			□ Add
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			□Change
			□Add
			□Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
•	
-	
(If an et Note:	tive date, if other than the date of filing:
the reco	rd 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 fled.
Dated	August 02 2022
	Signature of authorized representative of a member
	Jos Pereira Bitencott Typed or printed name of signee