

(VIA)

23 000 395 895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

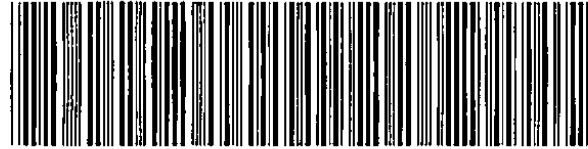
(Business Entity Name)

(Document Number)

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FILED

2024 NOV 14 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

CT: Dominion Central Florida, LLC
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

Conor Lutkewitte
Name of Person
Carver Darden
Firm/Company
1100 Poydras Street, Suite 3100
Address
New Orleans, LA, 70163
City/State and Zip Code
lutkewite@carverdarden.com
E-mail address: (to be used for future annual report notification)

ter information concerning this matter, please call:

Conor Lutkewitte at (504) 585-3822
Name of Person Area Code Daytime Telephone Number

l is a check for the following amount:

- ☐ \$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

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

R = Manager

BR = Authorized Member

| | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|------------------------|------------------------|--|
| R | William C. Brown | 308 St. George Avenue | <input type="checkbox"/> Add |
| | | Jefferson, LA 70121 US | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | Giuseppe A. DiPasquale | 308 St. George Avenue | <input type="checkbox"/> Add |
| | | Jefferson, LA 70121 US | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Company shall be managed by a manager. The initial manager shall be Giuseppe A. DiPasquale.

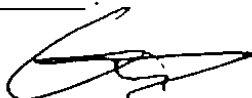
Effective date, if other than the date of filing: _____ (optional)

If the 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Word 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 filed.

November 5, 2024



Signature of a member or authorized representative of a member

GIUSEPPE A. DIPASQUALE

Typed or printed name of signee

Filing Fee: \$25.00