## L23000 437 905

58

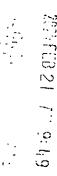
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





700423777577

02/21/24--01013--001 \*\*25.00



## COVER LETTER

|                                | ision of Corp                   |  | 72  |                     |               |  |
|--------------------------------|---------------------------------|--|---|---------------------|---------------|--|
| CHDIECT.                       | DOMINGUEZ PAINTING SERVICES LLC |  |   |                     |               |  |
| SUBJECT:                       |                                 | Name of Lim                                  | nited Liability Company   |                     |               |  |
| The enclosed                   | l Articles of A                 | mendment and fee(s) are sub                  | omitted for filing.   |                     |               |  |
| Please return                  | all correspond                  | dence concerning this matter                 | to the following:   |                     |               |  |
|                                |                                 |  | YOANDERSON J DOMINGUEZ  | Z PERDOMO           |               |  |
|                                |                                 | <del></del>                                  | Name of Person  |                     |               |  |
|                                |                                 | DOMINGUEZ I                                  | PAINTING SERVICES LLC   |                     |               |  |
| Firm/Company                   |                                 |  |   |                     |               |  |
| 3459 carlton arms dr - build 1 |                                 |  |   |                     |               |  |
|                                |                                 |  | Address   |                     | 767.F.7 21    |  |
|                                |                                 | TAMPA  | FL 33614  |                     |               |  |
|                                |                                 |  | City/State and Zip Code   |                     |               |  |
|                                |                                 | dominguezx14@gmail.com                       | 1   |                     | 구:            |  |
|                                |                                 | E-mail address: (                            | to be used for future annual report no                              | tification)         | ٤.            |  |
| For further in                 | iformation coi                  | ncerning this matter, please c               | all:  |                     |               |  |
| yoanderson                     | dominguez                       |  | 813 527-5220  |                     |               |  |
|                                | Name of I                       | Person                                       | at () Atea Code Daytir  | ne Telephone Number |               |  |
| Enclosed is a                  | check for the                   | following amount:                            |   |                     |               |  |
| ■ \$25.00 F                    | filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (         | e of Status & |  |
|                                | iling Address:                  |  | Street Address:   | vation              |               |  |
|                                | gistration So<br>ision of Co    |  | Registration So<br>Division of Co                                   |                     |               |  |
|                                | ). Box 6327                     | •  | The Centre of   |                     |               |  |
|                                | labaccoo El                     |  |   | se Street, Suite 81 | I O           |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINGUEZ PAINTING SERVICES 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 09/20/23 and assigned Florida document number <sup>123000437905</sup> 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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> | Name                        | Address                            | Type of Action |
|--------------|-----------------------------|------------------------------------|----------------|
| ambr         | JOSE MAURICIO VICHEZ TORRES | 2109 w hamilton ave Tampa FL 33604 |                |
|              |                             | <del> </del>                       | ■Remove        |
|              |                             | <del></del>                        | □Change        |
|              |                             |                                    | □ Add          |
|              |                             |                                    | □Remove        |
|              |                             |                                    | Change         |
|              |                             |                                    |                |
|              |                             |                                    | □Remove        |
|              |                             |                                    | 🗆 Add          |
|              |                             |                                    | □Remove        |
|              |                             |                                    | □ Change       |
|              |                             |                                    | □Add           |
|              |                             |                                    | □Remove        |
|              |                             |                                    | [] Change      |
|              |                             |                                    | □Add           |
|              |                             |                                    | □Remove        |
|              |                             |                                    | □Change        |

|  |  |                              | <del>-1</del>                         |
|--|--|------------------------------|---------------------------------------|
|  | - 11-  |                              |                                       |
|  |  |                              |                                       |
|  |  |                              |                                       |
| W  | ·····  |                              | . <u> </u>                            |
| <del> </del>   |  | <u> </u>                     | <u> </u>                              |
|  |  |                              | - T1 U0                               |
| <del></del>  |  |                              |                                       |
|  |  |                              | <del></del>                           |
|  |  |                              |                                       |
|  |  |                              | <u></u>                               |
| -  |  |                              | · · · · · · · · · · · · · · · · · · · |
|  |  |                              |                                       |
|  |  |                              |                                       |
|  |  |                              | <u> </u>                              |
| <del></del>  |  |                              |                                       |
|  |  |                              |                                       |
| <del></del>  |  |                              | -·· <u>-</u> ··                       |
|  |  |                              |                                       |
| ffective date, if other than the data an effective date is listed, the date must be softe: If the date inserted in this block ocument's effective date on the Depa | specific and cannot be prior to does not meet the applicab |                              |                                       |
| record specifies a delayed effective dalis filed.  | ate, but not an effective tim                              | e, at 12:01 a.m. on the ear  | lier of: (b) The 90th day after the   |
| rated February 09th  | . 2024   | <u>.</u> '                   |                                       |
|  |  |                              |                                       |
|  | MAW JKTES  | yed representative of a memb | pr                                    |