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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations LLC Dominion Landscape Services **SUBJECT:** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Donald J Steffen Name of Person Dominion Landscape Services Firm/Company 1199 jordan ct NE #b Address palm bay Florida 32905 City/State and Zip Code Dominionlsfl321@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donald Steffen Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23/1/2 17 11/8:58 Dominion Landscape 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 11/03/2023 and assigned Florida document number <u>L2300</u>0500656 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 "LLC." 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 . Florida City

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

<u>Title</u>	Name	Address	Type of Action
MGR	Sarah R Lewis	3131 Tropical Circle SE Palm Bay FL 32909	□Add
			🗏 Remove
		 	Change
MGR	Donald J Steffen	1199 Jordan et NE Palm Bay apt #B 32905	≣ Add
			□Remove
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If amendi	ing_any other infor	mation, enter ch	nange(s) here: (Attach additional s	heets, if necessa	ry.)
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Effective (If an effective	date, if other than	the date of filing must be specific and	11/17/2023 g:		(optional	() g.) Pursuant to 605.0207 (
	the date inserted in thi 's effective date on th			statutory filing requ	uirements, this dat	e will not be listed as t
he record sp ord is filed.	pecifies a delayed effe	ctive date, but not	an effective time,	at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
Dated	11/17/202					
	12	Signature of a r	nember or authorize	d representative of a r	nember	
	- Domald-Listeffen		A LEWIS			
			Typed or printed n			