

L17000068747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

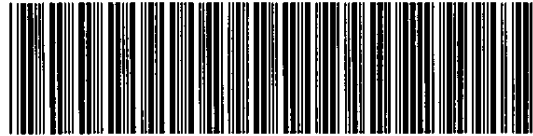
(Business Entity Name)

(Document Number)

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2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Insidedomus, LLC
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:

Kareem Toi SPENCE
Name of Person

Firm/Company

11900 Biscayne Blvd, Suite 501
Address

MIAMI, FL 33181
City/State and Zip Code

KSPENCE3150@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREEM TOI SPENCE at **(347) 674-3974** or **786-527-5277**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Insidedomus, 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 May 10, 2013 and assigned Florida document number L13000068743.

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 end with 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)

11900 BISCAYNE BLVD.
SUITE 501
MIAMI, FL 33181

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:

JACKIE GERD

New Registered Office Address:

11900 BISCAYNE BLVD., SUITE 501

Enter Florida street address

MIAMI

City

Florida

33181

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Milanesi, Gherardo	100 N. Biscayne Blvd.	<input type="checkbox"/> Add
		Suite 2106	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	
AMBR	Spence, Kareem	11900 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Suite 501	<input type="checkbox"/> Remove
		MIAMI, FL 33181	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 2, 2014.

KAREM TOI SPENCE
Signature of a member or authorized representative of a member
KAREM TOI SPENCE
Typed or printed name of signee

RECEIVED
JUL 15 2014
STATE OF FLORIDA
DEPARTMENT OF STATE