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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DOMINA SALVATORE 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:
MAR CO VITI  Name of Person
DOMINA SALVATORE LLC Firm/Company
11511 SW 145 AVENUE
MiAMI FL 33186
City/State and Zip Code  MARCO • VITI © GMA/L . COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marco 1771 at (786) 277 - 5867  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

DOMINA SALVATOR	RE ZZC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 412314	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  DOM/NUS USA LLC.  The new name must be distinguishable and contain the words "Limited Liabi		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 or registered agent and/or the new registered office address her	·	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- Total Control of the Control of th	Enter Florida street address	
	, Florid	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of the Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00