

6140000 66639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

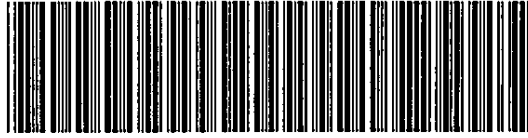
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG -1 AM 8:22
TALLAHASSEE, FLORIDA

2016 AUG -1 P 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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S Warren
SEP 03 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOMINUS USA 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:

SALVATORE DOMINA
Name of Person

DOMINUS USA LLC
Firm/Company

215 ZAMORA AVENUE UNIT 2
Address

33134 CORAL GABLES FL
City/State and Zip Code

SAL.DOMINA@LIVE.IT
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALVATORE DOMINA at (786) 333 7390
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**

DOMINUS USA 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 4/24/2014 and assigned Florida document number L14000066639

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)

215 ZAMORA AVENUE
UNIT 2
CORAL GABLES FL 33134

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:

215 ZAMORA AVENUE
Enter Florida street address
CORAL GABLES ~~FL~~, Florida 33134
City 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

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9-1 P
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FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VITI, MARCO	11511 SW 145 AVENUE	<input type="checkbox"/> Add
		MIAMI FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA
 2018-05-11 P 12:14
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 27th, 2016

Signature of a member or authorized representative of a member

MARCO VITI
Typed or printed name of signee

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2016 AUG -1 P 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Miami July 27, 2016

To whom it might concern;

I'd like to make an address amendment for the Corporation Dominus USA LLC and remove my name as well from this corporation. The new address is provided in the attached papers.

Please if you have any questions or concerns don't hesitate to contact me.

Handwritten signature of Marco Viti in black ink, consisting of stylized initials and a surname.

Regards,

Marco Viti

11511 SW 145 Avenue

Miami FL 33186

marco.viti@gmail.com

(786) 277-5867