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PICK-UP WAIT MAIL
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(Document Number)
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Amend

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ulhan Domus Construction UC 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:
Ivelisse Gonzalez Name of Person
Usban Domus Construction Firm/Company
140 Uw 37 s7 Address
Miami Fl, 33127 Clty/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVELISSE GONZALEZ at (954) 3197659 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: Second Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, \$

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)			
(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 03/12/19	and assigned		
Florida document number <u>LO400000847</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	,			
(Principal office address MUST BE A STREET ADDRESS)	NA			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	19 CE (35		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new		
	١ ٨			
Name of New Registered Agent:	W/14			
New Registered Office Address:	Control Charles and the control	<u>-</u>		
	Enter Florida street address			
	, Flori			
	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

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>	Address	Type of Action
<u>HGR</u>	Ivelisse T Gonzalez	140 NW 37-St	<u> </u>
		140 NW 37-5+ Mianu F(33127	□Remove
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Page 2 of 3

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l an eti <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
)ated	Nov 22 / 2919.
	C. January M. M. C.
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00