

**L09000017993**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

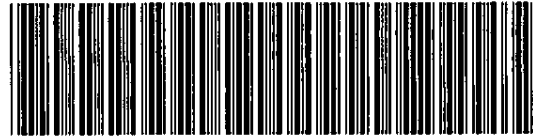
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**FILED**

**11 DEC 27 AM 10:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**N. Culligan DEC 29 2011**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3570 Moorings 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:

Adyari Morales

Name of Person

3570 Moorings LLC

Firm/Company

701 Brickell Ave. Ste 860

Address

Miami, FL 33131

City/State and Zip Code

am@straat.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adyari Morales

Name of Person

at (305) 372-0075 ext 8000

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**

**FILED**

11 DEC 27 AM 10:09

3570 Moorings LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/23/2009 and assigned  
Florida document number L09000017993.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Domus Property Holdings LLC

The new name must be distinguishable and end with 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)**

701 Brickell Ave

Suite 860

Miami, FL 33131

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

701 Brickell Ave

Suite 860

Miami, FL 33131

**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:

Adyari Morales

New Registered Office Address:

701 Brickell Ave. Suite 860

Enter Florida street address

Miami

City

Florida

33131

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 608, 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.

Adyari Morales

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Echavarria	3570 South Moorings Way Miami FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Milly del Valle	701 Brickell Ave. Suite 860 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 20, 2011



Signature of a member or authorized representative of a member

Daniel Echavarria

Typed or printed name of signee

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TALLAHASSEE, FLORIDA