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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Do	ocument Number)	·		
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S. HAWKES

JAN 2 7 2010

EXAMINER

COVER LETTER

Division of Cor	rporations					
SUBJECT:	DOMO	STUDIO, LLC				
	Name of Limit	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Aa	aron R. Resnick, Esq	I			
		Name of Person				
Law Offices of Aaron Resnick, P.A.						
	 	Firm/Company				
	225	Linnala Danal Cuita (240			
	235	Lincoln Road, Suite 3	310			
	Miami Beach, Florida 33139					
	City/State and Zip Code					
	E-mail address: (t	aresnick@thefirmmiami.com E-mail address: (to be used for future annual report notification)				
		•	ort notification)			
For further information c	concerning this matter, please co	all:				
Aaron	R. Resnick, Esq.	at (305)	672-7495			
	f Person	Area Code &	Daytime Telephone Number	, 		
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &		

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited	Liability Compar	IV as it now appe	ears on our records.)	
()	A Florida Limited L	iability Company)"	
The Articles of Organization for this Limited L Florida document numberL1000000		were filed on	January 15, 2009 Cand Signed	
This amendment is submitted to amend the following	owing:		第 三 日	
A. If amending name, enter the new name of	f the limited liabi	ility company h	ere:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	TADDRESS)			
				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, enter the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	Enter Florida street address			
	· · · · · · · · · · · · · · · · · · ·	, Florida		
	•	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FRANCISCO LLADO	1504 BAY ROAD, SUITE 2802 MIAMI BEACH, FL 33139 US	Add Remove
,		·	Add
			Remove
			Add Remov26
			mon = 1 —□ Add on = 5
			. 2
			Add Remove
			Add Remove
D. If amen	Δ	change(s) here: (Attach additional sheets, if necessary.)	
<u></u>		•	_
			- . - .
Dated	January 15,	2009	
	Signature of a	member or authorized representative of a member	
		Aaron R. Resnick, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00