## 110000065153

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T. HAMPTON

MAY 1 8 2011

EXAMINER

## **COVER LETTER**

Division of Co					
SUBJECT:	Domu	s Group, LLC			
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Name of Person			
Gravitas, LLC					
Firm/Company					
	1343 Main St., Suite 700				
		Address			
	Sarasota, FL 34236				
	ck	City/State and Zip Code flynn@gravitasfla.com	<b>.</b>		
	E-mail address: (	to be used for future annual repo	ort notification)		
For further information	concerning this matter, please of	eail:			
Sı	usan K Flynn	at (_941_)	364-4400		
Name	of Person	Area Code &	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/C	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO SECRETARY OF STATES ARTICLES OF ORGANIZATION OF CORPORATIONS OF 11 MAY 12 PM 1:51

OC ( <u>Name of the Limited Liabi</u> (A Florid	omus Group, LLC lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L10000095153		09/13/10	and assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the l		:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ır records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street addr	ess
	City	, Florida	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 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 Title <u>Name</u> **Address Type of Action** AR SF Group, LLC MGRM 783 S Orange Ave., Suite 210 Sarasota, FL 34236 ☐ Add √ Remove AR Group Investments, L MGRM 783 S. Orange Ave., Suite 210 ✓ Add Sarasota, FL 34236 ☐ Remove **MGRM** Metroplex Investments, Inc. 180 N. Westmonte Dr. □ Add Altamonte Springs, FL 32714 □Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 May 4 Dated \_

> Susan K Flynn, CEO Gravitas, LLC Typed or printed name of signee

Signature of a member of authorized representative of a member

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Filing Fee: \$25.00