

L12000011699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

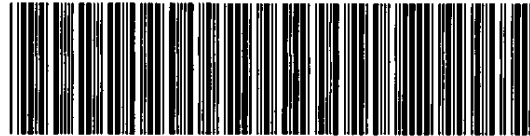
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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OCT 14 2013

D. J. PRICE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DOMINO SQUARE, 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:

**NICK HAMANN**

Name of Person

**DOMINO SQUARE LLC**

Firm/Company

**950 BRICKELL BAY DR #800**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**NHAMANN@URBANATLANTICGROUP.COM**

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

For further information concerning this matter, please call:

**NICK HAMANN**

Name of Person

at **305 482-3192**

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DOMINO SQUARE, 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 1/25/2012 and assigned  
Florida document number L12000011699.

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 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)

**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:

NICOLAS HAMANN

New Registered Office Address:

950 BRICKELL BAY DR, STE 800

*Enter Florida street address*

MIAMI

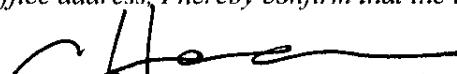
Florida 33131

*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, 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          | NICOLAS HAMANN | 950 BRICKELL BAY DR | <input checked="" type="checkbox"/> Add |
|              |                | STE 800             | <input type="checkbox"/> Remove         |
|              |                | MIAMI, FL 33131     |                                         |
|              |                |                     | <input type="checkbox"/> Add            |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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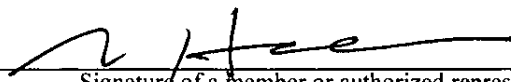
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Dated OCTOBER 2, 2013.



Signature of a member or authorized representative of a member

NICOLAS HAMANN, MGR

Typed or printed name of signee

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Filing Fee: \$25.00

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