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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. SAULSBERRY EXAMINER

DEC 12 2012

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SURFECT: DOMEX USA 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:

**CESAR VILLANUEVA** 

Name of Person

DOMEX USA LLC

Firm/Company

1603 NW 79 AVE

Address

**MIAMI FL 33126** 

City/State and Zip Code

gustavoAcabrera@hotmail.com

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

For further information concerning this matter, please call:

**GUSTAVO CABRERA** 

Name of Person

305 8903030

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

DOMEX USA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization	were filed on 11/20/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2812 DEC 10 SEURLTAR TALLAHASS
(Mailing address MAY BE A POST OFFICE BOX)		me z n
	· · · · · · · · · · · · · · · · · · ·	STI CO
B. If amending the registered agent and/or registered office address here		30 RID
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	T12.1.	

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.

City

Zip Code

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>	Name	Address	Type of Action
MGR	GUSTAVO CABRERA	15420 SW 136 ST UNIT 26	Add
`		MIAMI FL 33196	Remove,
MGRM	GUSTAVO CABRERA	15420 SW 136 ST UNIT 26	
		MIAMI FL 33196	Remove
	****		Add
			Remove
		TALLAHA	28 20EC
		HASSEE: FLORID	Remove AM & 3
			Add
	•	•	_ Remove
			Add
			Remove

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
oated 11	/26/2012
	* Olo rieve
	Signature of a member or authorized representative of a member
	CESAR VILLANUEVA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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## **RETURN ADDRESS**

DOMEX USA 1603 NW 79 AVE MIAMI FL 33126

TEL 305-599-3939 CEL 305-890-3030

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