

L120000146553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

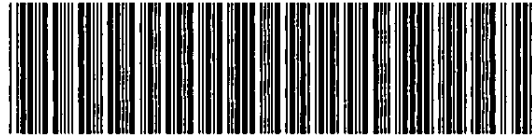
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 AM 8:30

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J. SAULSBERRY
EXAMINER

DEC 12 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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

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TALLAHASSEE, FLORIDA

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DOMEX USA LLC

Page 1 of 3

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	GUSTAVO CABRERA	15420 SW 136 ST UNIT 26	<input type="checkbox"/> Add
		MIAMI FL 33196	<input checked="" type="checkbox"/> Remove
MGRM	GUSTAVO CABRERA	15420 SW 136 ST UNIT 26	<input checked="" type="checkbox"/> Add
		MIAMI FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Add

Remove

Add

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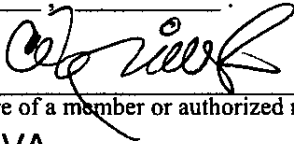
Add

Remove

FILED

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

Dated **11/26/2012**

K 

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RETURN ADDRESS

DOMEX USA
1603 NW 79 AVE
MIAMI FL 33126

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

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2812 DEC 10 AM 8 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA