

# #L 12000150317

Florida Department of State  
Division of Corporations  
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PARVA DOMUS LLC

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K. SALLY  
EXAMINER  
FEB 20 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARVA DOMUS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and Rev(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SONIA CAPDEFERRO**

Name of Person

**PARVA DOMUS LLC**

Firm/Company

**175 SW 7th STREET, UNIT 2006**

Address

**MIAMI, FLORIDA 33130**

City/State and Zip Code

**im.ita@igmasa.com**

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

For further information concerning this matter, please call:

**SONIA CAPDEFERRO**

**305 580.34.04**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
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\$55.00 Filing Fee &  
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\$60.00 Filing Fee,  
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(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6827  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

FILED  
13 FEB 19 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PARYA.DOMUS 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 NOVEMBER 30, 2012 and assigned  
Florida document number L12000150317

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 "LLC."

Enter new principal office address, if applicable: 175 SW, 7TH STREET, UNIT 2006  
(Principal office address MUST BE A STREET ADDRESS) MIAMI  
FLORIDA 33130

Enter new mailing address, if applicable: 175 SW, 7TH STREET, UNIT 2006  
(Mailing address MAY BE A POST OFFICE BOX) MIAMI  
FLORIDA 33130

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*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

J2255 - 11/02/012 Walker-Kirwan Online

**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	BEATRIZ PROMICH	175 SW 7th STREET, UNIT 2006	<input type="checkbox"/> Add
		MIAMI FLORIDA 33130	<input checked="" type="checkbox"/> Remove
MGR	JUAN MITIDIRO	175 SW 7th STREET, UNIT 2006	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated FEBRUARY 13

2013

Signature of a member or authorized representative of a member

SONIA CARRERRO on behalf of Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00