

L12000150317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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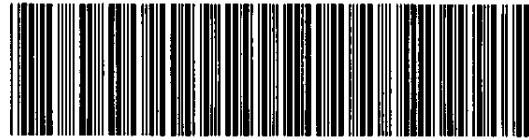
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 12 AM 8:18  
J. Shivers

JAN 23 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PARVA DOMUS 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:

**JUAN MITIDIERO**

Name of Person

**PARVA DOMUS LLC**

Firm/Company

2651 INAGUA AVE 102 BAHAMA BAY II A CONDOMINIUM PH 48 CB 12 PG 167 OR 3708

Address

**KISSIMMEE, FL 34742-2105**

City/State and Zip Code

**im.latam@igmasa.com**

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

For further information concerning this matter, please call:

**Marc Ros**

Name of Person

**786 2205900**

at (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**

**PARVA 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 11-30-2012 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 "L.L.C."

**Enter new principal offices address, if applicable:**

2651 INAGUA AVE 102 BAHAMA BAY II A CONDOMINIUM PH 48 CB 12 PG 167 OR 3708

**(Principal office address MUST BE A STREET ADDRESS)**

KISSIMMEE, FL 34742-2105

**Enter new mailing address, if applicable:**

2651 INAGUA AVE 102 BAHAMA BAY II A CONDOMINIUM PH 48 CB 12 PG 167 OR 3708

**(Mailing address MAY BE A POST OFFICE BOX)**

KISSIMMEE, FL 34742-2105

**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*

*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 605, 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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 12 AM 8:10

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN MITIDIERO	175 SW 7 ST UNIT 2006	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
MGR	JUAN MITIDIERO	2051 INAGUA AVE 102 BAHAMA BAY II A CONDOMINIUM PH 48 CB 12 PG 187 OR 3706	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34742-2105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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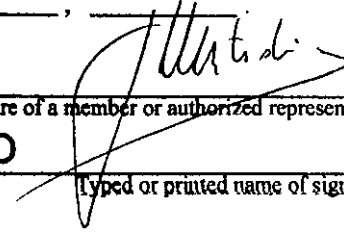
15 JAN 12 AM 8:18  
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 ALLAHASSI EFLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 09, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JUAN MITIDIERO**  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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15 JAN 12 AM 8:18  
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