

L13000026428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

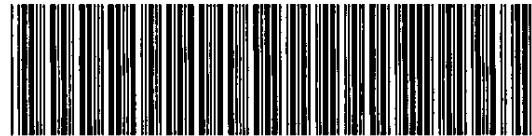
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400246648114

04/11/13--01023--003 **25.00

FILED
2013 APR 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Instituto Domina, 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:

Cristina Montes Amador

Name of Person

CMA Immigration & Legal Services, P.A.

Firm/Company

1200 Brickell Ave. PH Suite 1950

Address

Miami, FL, 33131

City/State and Zip Code

ricardo.domina@gmail.com

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

For further information concerning this matter, please call:

Cristina Montes

Name of Person

305 961-1155

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

FILED

2013 APR 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Instituto Domina, 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 02/20/2013 and assigned
Florida document number L13000026428

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 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: Cristina Montes Amador

New Registered Office Address: 1200 Brickell Ave. PH Suite 1950

Enter Florida street address

Miami, FL, 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:

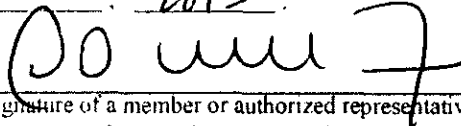
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ricardo W. Domina	1200 Brickell Ave PH Suite 1950	<input checked="" type="checkbox"/> Add
		Miami, FL, 33131	<input type="checkbox"/> Remove
MGR	Jose Perez	1395 Brickell Ave. Suite 800	<input checked="" type="checkbox"/> Add
		Miami, FL, 33131	<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.)

Dated

APR 10 2013



Signature of a member or authorized representative of a member

RICARDO WALTER DOMINA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA