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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2014

MyCorporation*

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

September 24, 2014

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: ARTICLES OF AMENDMENT:
Domiciel Properties, LLC**

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of **\$25.00** as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
23586 Calabasas Road, Suite 102
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DOMICILE PROPERTIES, 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:

My Corporation Business Services, Inc.

Name of Person

Firm/Company

23586 Calabasas Road, Suite 102

Address

Calabasas, CA 91302

City/State and Zip Code

reports@mycorporation.com

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

For further information concerning this matter, please call:

Processing Department

Name of Person

at **(877) 692-6772**

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**

DOMICILE PROPERTIES, 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 05/03/2013 and assigned
Florida document number L13000065312.

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:

(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: Igor Kaplan

New Registered Office Address: 6584 Via Regina

Enter Florida street address

Boca Raton, Florida 33433

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 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:

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>
MGRM	Igor Kaplan	88 PROMENADE CIRCLE, UNIT 2009	<input type="checkbox"/> Add
		THORNHILL, ON L4J 9-A4 CA	<input checked="" type="checkbox"/> Remove
AMBR	Igor Kaplan	6584 Via Regina	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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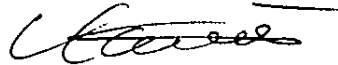
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TALLAHASSEE, FLORIDA

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: 09.25.2014, _____



Signature of a member or authorized representative of a member

Igor Kaplan, AMBR

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA