LI4 CCC 1915C4

(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



800348843148

RECEIVED
JUL 2 1 2020

07/24/20--01011 -021 **25.00

SEP 01 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UI ban Domos UC 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:
Julisse Gonzalez Name of Person
Ulban Domos Uc Firm/Company
3350 Sw 149M N # 110
Milamal, Fl, 33022 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (994) 319 7659 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: 12 \$25.00 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	izhility Company wara filad on [2]	16/2014	and assigned
Florida document number <u>4 14000 19 15</u>	·	101 -01-1	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name o		ere:	4 7: 22 :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		
Name of New Registered Agent:	Ivelisse T.	Gonzalez	
New Registered Office Address:	33.50 Su Enter Fla	148 th A) rida street address	# 110
	Hirama	, Florida	3302 }_ Zip Code
New Registered Agent's Signature, if changing I	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Gonzalez IvelisseR	3350 Sw 148 M A # 110	□Add
		Mirama, F1, 33027	ERemove
			□ Change
AHBR	Gonzalor, Tomas R	3350 Sw 148M/ # 110	[XAdd
		Milama , F1, 33027	□Remove
		 	□Change
			🖾 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

					101
-					
		<u> </u>			
		·	·		
			and the second		
					
					
		<u> </u>			
-					
			_ · ·		
					<u>. </u>
effective date is listed. e: If the date inserte	the date must be spec d in this block doe		r to date of filing or more cable statutory filing re		onal) filing.) Pursuant to 605.020 date will not be listed a
	ed effective date, l	but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
tiled.		2020	<u>)</u> .		
cord specifies a delay stiled. ed	():	2020 2020	orized representative of	a member	