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(Reque	estor's Name)	
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COVER LETTER

10: Registration S Division of Co		·	
Domus Ca	r Dealer LLC		
Sobreci.	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aaron Marambio		
		Name of Person	
	Domus Car Dealer LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	770 Ponce de Leon Blvd S	uite 102	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	zrabelo.jra@gmail.com		
	E-mail address: (t	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Zunay Rabelo		305 310-3965 at ()	
Name	of Person	Area Code Daytimo	: 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

Domus Car Dealer LLC				
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on o mited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on Florida		_ and assig	med
Florida document number L15000028096				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			- <u></u> -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the	name of	the nev
Name of New Registered Agent:		ē.		
New Registered Office Address:				
	Enter Florida str	reet address		
	City	, Florida	Zip Code	
	City		z.ф Соае	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Julio A Marambio		770 Ponce de Leon Blvd Ste 102	□ Add
		Coral Gables, FL 33134	■ Remove
			☐ Change
MGR	Arlon Marambio	770 Ponce de Leon Blvd Ste 102	■ Add
		Coral Gables, FL 33134	□ Remove
			□ Change
			Change Change Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change

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Effective date, if other th	an the date of filing:	c of filing or more than 90 days after filing.) Pure	mont to 60	s 0207
Note: If the date inserted in		statutory filing requirements, this date will		
ne record specifies a d The 90th day after tl		effective time, at 12:01 a.m. on t	he earli	ier of
June 30th	2015			
	pal	rendo C		

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Typed or printed name of signee

Filing Fee: \$25.00