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SECRETARY OF STATE

O BRUCE MAY 09 2017

## **COVER LETTER**

	gistration Sect vision of Corpo		•	
SID IECT.	DOMINUS N	AFG LLC EIN ADD & AUT	HORIZED PERSON CHANGE	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Mario Barrera		
			Name of Person	
			Firm/Company	
		14340 SW 23RD LN		
			Address	
		MIAMI, FL 33175		
			City/State and Zip Code	<del></del>
		BRAVO3INC@GMAIL.CO		
		E-mail address: (1	to be used for future annual report notificat	on)
For further in	nformation con	cerning this matter, please ca	all:	2117 SE(
MARIO BA	RRERA		786 258-6193	SECRETAR SALLAHASS
Enclosed is	Name of P	erson following amount:	Area Code Daytime Te	PART OF STANDER, FLOR
<b>■</b> \$25,00 F		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Piling 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

LLC		
s it now appears on our recordity Company)	<u>ds.</u> )	_
re filed on 04/24/2017	an	d assigned
company here:		
ompany," the designation "LLC	C" or the abbreviation	on "L.L.C."
address on our record	ls, enter the na	ame of the new
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	IDA	, t.
	company here:  Company," the designation "LLe  address on our record  Enter Florida street addre	e address on our records, enter the national street address  Enter Florida street address  Enter Florida street address  City  City  Part of the abbreviation of the a

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BARRERA, MARIO A	14340 SW 23RD LN	<b>_</b> ■ ' <u>Add</u> ı
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			☐ Change
			Add
			Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00