

L17000119501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

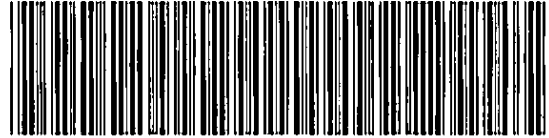
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -9 PM 4:02
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

K SALY
JUL 12 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

DORIS POLANCO
DORIS ACCOUNTING & TAX SERVICE CORP
10154 W FLAGLER ST
MIAMI, FL 33174

SUBJECT: DOMM INVESTMENTS LLC
Ref. Number: L17000119501

We have received your document for DOMM INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00013248

ED

RECEIVED

2018 JUL -9 PM 12:32

CLERK OF THE
DIVISION OF CORP.
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOMM INVESTMENTS 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:

DORIS POLANCO

Name of Person

DORIS ACCOUNTING AND TAX SERVICE CORP

Firm/Company

10154 W. FLAGER ST

Address

MIAMI, FL 33174

City/State and Zip Code

TAXES@DORISTAXES.COM

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

For further information concerning this matter, please call:

DORIS POLANCO

305

480-0269

at (_____) _____

Name of Person

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**

FILED
18 JUL -9 PM 4:02
STATE OF FLORIDA

DOMM INVESTMENTS 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 05/31/2017 and assigned
Florida document number L17000119501.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15387 SW 31ST TER

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33185

Enter new mailing address, if applicable:

15387 SW 31ST TER

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33185

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:

New Registered Office Address:

15387 SW 31ST TER

Enter Florida street address

MIAMI

City

, Florida 33185

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENTINA I HALIWA	11543 SW 150 PL	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS A DOMMAR	15387 SW 31ST TER	<input type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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MIAMI, FL

16 JUL - 3 PM 4:02
STATION
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ST. LOUIS, MO.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

06/18/2018

Signature of a member or authorized representative of a member

Edgar Núñez
Typed

Typed or printed name of signee