

L17000 163053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

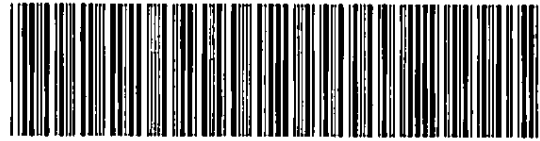
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/19--01008--032 **25.00

FILED
2019 APR -1 AM 9:03
ALBRIGHTON

Amend

APR 02 2019

ALBRIGHTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOMUSAP LLC

Name of Limited Liability Company

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

GIANLUCA APREA

Name of Person

DOMUSAP LLC

Firm/Company

14241 SW 92 AVE

Address

MIAMI, FL 33176

City/State and Zip Code

domusap2017@gmail.com

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

For further information concerning this matter, please call:

Jennyfer Royster

Name of Person

at (305) 2227846

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2019

GIANLUCA APREA
14241 SW 92 AVE
MIAMI, FL 33076

SUBJECT: DOMUSAP LLC
Ref. Number: L17000163053

We have received your document for DOMUSAP 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):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please submit the enclosed amendment to change the principal address.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00005667

RECEIVED

2019 APR -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2019

GIANLUCA APREA
14241 SW 92 AVE
MIAMI, FL 33076

SUBJECT: DOMUSAP LLC
Ref. Number: L17000163053

We have received your document for DOMUSAP 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

It appears you wish to change the principal/mailing address as the registered agent information appears to be the same.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00005168

RECEIVED

2019 MAR 21 PM 12:20

SECRET

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DOMUSAP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 APR -1 AM 9:03

The Articles of Organization for this Limited Liability Company were filed on 7-31-17 and assigned
Florida document number L17000163053

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:

(Principal office address MUST BE A STREET ADDRESS)

7945 EAST DR #204
NORTH BAY Village
FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

GLANLUCA APREA

New Registered Office Address:

7945 EAST DR #204

Enter Florida street address

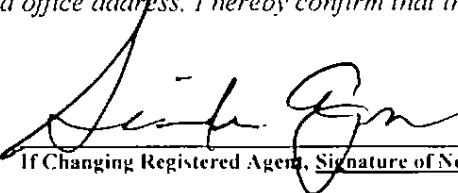
NORTH Bay Village, Florida 33145

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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(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 3-27-19

Signature of a member or authorized representative of a member

GIANLUCA AIRERA

Typed or printed name of signee