18000052525

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Guerricos Linny Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000333281540

10 MIG 26 PH 4: 16

5118 NV 92 UNY 6102

T GLASS AUG 27 2019

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 897591 4353424 AUTHORIZATION COST LIMIT ORDER DATE: August 26, 2019 ORDER TIME : 3:30 PM ORDER NO. : 897591-005 CUSTOMER NO: 4353424 DOMESTIC AMENDMENT FILING NAME: 5 DOMS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

Div	ision of Co	porations			
SUBJECT:	5 DOMS, L	LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		William Hammond			
			Name of Person		
		Kudman Trachten Aloe LI	_P		
			Firm/Company	. 20	
		350 Fifth Avenue, Floor 6	В	2019 AUG	
			Address	· · · · · · · · · · · · · · · · · · ·	
		New York, NY 10118		<u>ص</u>	
			City/State and Zip Code		
		whammond@kudmanlaw.c		· £	
For further is	nformation c	e-mail address: (concerning this matter, please c	to be used for future annual report not	ification)	
William Har		oncorning and matter, presso	212 868-3602		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	he following amount:			
\$25.00 F	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)	
		ING ADDRESS:	STREET/COUR Registration Section		
Registration Section Division of Corporations			Division of Corpo		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 DOMS, LLC		
(Name of the Limited Limbility (A Fiorida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on February 27, 2018	and assigned
Florida document number L18000052525		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	19 <u>#U</u> S
	·	<u>, 5</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>; co</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
***	, Florida	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mitchell A. Yelen	3225 Aviation Avenue, Suite 500 Miami, FL 33133	Add
			■ Remove
			Change
DAMBR	Kenny Vance	PO Box 740424 Boynton Beach, FL 33474	
			Remove
			Change
AMBR	David I. Berley	419 Park Avenue South, Floor 15 New York, NY 10016	■ Add
			Reffiove
			Change
			Add:
			- ⇔ Remove
			Change
			Add
			☐ Remove
			Change
			Add
		<u></u>	□ Remove
			Change

Kenny Vance and David I. Berl	cy.			
		*		

				_~
			-	019
				<u> </u>
			<u>-</u> .	<u>2</u> 6
			····	
				ထ
			:	50
-				
ective date, if other than the defective date is listed, the date must be: If the date inserted in this blockument's effective date on the Depi	e specific and cannot be prior to date of fili k does not meet the applicable statuto	(optiona ing or more than 90 days after fili ry filing requirements, this da	ig.) Pursuant	to 605.0 e listec
record specifies a delayed e he 90th day after the recor	effective date, but not an effect dis filed.	ctive time, at 12:01 a.m	on the e	earlie
August 26	2019			
	•			

Page 3 of 3

Filing Fee: \$25.00