Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000199173 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118

: (305)260-6968

Fax Number

: (786)513-7810

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*\*

Fmail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOMI INTERNATIONAL TRADING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Paloma Duarte

Page: 3 of 5

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMI INTERNATIONAL TRADING LLC  (Name of the Limited Liability Cor (A Florida Limit	ngany as it now appears on our led Liability Company)	records.)	
	Articles of Organization for this Limited Liability Company were filed on 06/22/2018 and a		
Flurida document number £18000153711			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	isbility company here:		
DOMI INTERNATIONAL TRADING LLC			
The new name must be distinguishable and contain the words "Limited L	lability Company," the designatio	n"LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	1		
m			
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
	<del></del>	<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enser Florida street	adtress	
	. Florida		
**************************************	Clip	Ztp Code	

## New Registered Agent's Signature, Il 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 Rechitered Agent

Page 1 of 3

To: 18506176383

\_C Change

From: Paloma Duarte

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

Title	Name	<u>Address</u>	Type of Action
MGR	DEL COR DOMENGUES, DOUGLAS	15805 BLEAYNEB LVISTE 2 01	<b>=</b> Add
		AVENTURA, FL 33160	O Remove
			Change
MGR	CSI RA LLC	1580.5 BISCAYNEBLVD STE 201	D Add
		AVENTURA, FL 33160	Remove
			Chunge
<del></del>			O'Add 20 O'C H
			18 PH L: L7
			☐ Change
			Remove
			Change
			□ Remove

Page 2 of 3

From: Paloma Duarte

(((H21000199173 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Tr.	47	
E. Effective date, if other than the date of filing:  (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  Nate: If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(1 listed as the	b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b). The 90th day after the record is filed.	rller of:	
Daled MAY 18TH , 2021		
Signature of a member or authorized representative of a member	-	
DOUGLAS DEL COR DOMINGUES		
Typed or printed name of signee	-	

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