

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000171625

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 214-8442

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FG OPCO-PROPCO I LLC

Certificate of Status	0
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2022 SEP - 7 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

SEP - 7 2022
K. Brumblay

1/1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG OPCO-PROPCO I 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:

Miguel A. Maspons, Esq.
Name of Person
Maspons Advisory Services
Firm/Company
232 Andalusia Avenue, Suite 200
Address
Coral Gables, Florida 33134
City/State and Zip Code
mas@mascorpserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Collazo at (786) 539-1430
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FG OPCO-PROPCO I 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 07/17/18 and assigned
Florida document number L18000171625.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dominis Holdings IV, LLC

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:

1225 Opispo Avenue

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

P.O. BOX 144233

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33114

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:

MAS Corporate Services, LLC

New Registered Office Address:

232 Andalusia Avenue, Suite 200

Enter Florida street address

Coral Gables


Florida

City

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AND
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SECRETARY OF STATE
ALAIMA SELLER
33134
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	Victoria Dobal Arinaga	P.O. BOX 144233	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, Mi	Victoria M Dobal	PO Box 144233	<input type="checkbox"/> Add
		Coral Gables, FL 33114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 6, 2022



Signature of a member or authorized representative of a member

Miguel A. Maspons, Esq.-Attorney-In-Fact for Company

Typed or printed name of signee

Filing Fee: \$25.00