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COVER LETTER

TO: Registration Se Division of Cor								
Domus Ves	tae LLC							
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
	Maria Cristina Chiulli							
		Name of Person						
	Domus Vestac LLC							
		Firm/Company						
	28870 US Highway 19 N	Suite 362						
		Address						
	Clearwater/FL 33761							
		City/State and Zip Code						
	domusvestae@gmail.com							
For further information co	E-mail address: (oncerning this matter, please o	to be used for future annual report notiful:	ecation)					
Antonio Durante		843 330-6849 at ()						
Name of	Person	Area Code Daytime	e Telephone Number					
Enclosed is a check for th	e following amount:							
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Madi etter a se		a						

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

Domus Vestae LLC		
(Name of the Limited Liability Comms (A Florida Limited	ny sa it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000114801		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C." 20
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	502 Antebellum Ln	— — □ ઝુ
(Mailing address MAY BE A POST OFFICE BOX)	Mount Pleasant, SC 29464	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DURANTE, ANTONIO	502 ANTEBELLUM LN	
		MOUNT PLEASANT, SC 29464	□ Remove
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Effective date, if other than the di (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prick k does not meet the appli	r to date of filing or cable statutory fili	more than 90 days afte	ional) er filing.) Pursuant to 60 is date will not be lis	05.0207 (3)(b) sted as the
he record specifies a delayed effective of ord is filed.	late, but not an effective	time, at 12:01 a.m	L on the earlier of: (b) The 90th day aft	icr the
	2020				
Dated	 '	_			
Dated 22nd December	'nawaln'th	nalli	illi		

Filing Fee: \$25.00