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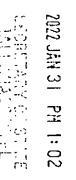


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COVER LETTER

Division of Co				
Club Dom	os, LLC.			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Nasser Aboulela			
		Name of Person		
	Club Domos, LLC.			
		Firm/Company		
	315 Grand Magnolia Ave,	Unit 204		
		Address		
	Celebration, FL 34747			
		City/State and Zip Code		
	inof@clubdomos.com E-mail address: (to be used for future annual report notifi	eation)	
For further information	concerning this matter, please c	all:		
Nasser Aboulela		310 800-0901		
Name	of Person	at () Area Code Daytime	Telephone Number	· "()
Enclosed is a check for	the following amount:			برانین، <u>-</u> حسین و
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy tadditional copy is enclosed.	ز_:

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 ARTICLES OF ORGANIZATION OF

Club Domos, LLC

102 Jan 31 PA 1: 02 (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 10/18/2019 and assigned Florida document number 1.19000262433 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

MCD =	Manager	
MOK -	Manager	
AMIRD -	= Authorized Member	
V/141131/ -	- Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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fan efl N <u>ote:</u>	ive date, if other than the date of filing:
recor d is fi	rd 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 led.
	January 25 . 2022
Dated	(0 (/ 61 k; 1:V

Filing Fee: \$25.00