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## **COVER LETTER**

TO: Registration Sec Division of Corp			
suвјест: <u>Дома</u> ј	nus Duckopment Name of Lim	† Partners, LLC ited Liability Company	<del></del> _
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Nicote Faye	Name of Person	· <del></del>
	Domanus D	evelopment Firm/Company	<del>"</del>
	849 7th Av	e. S. Ste. 203	
	Naples, FL	Gity/State and Zip Code	
	Nicole adress: (1	Hanus aroup. Com	fication)
For further information con	ncerning this matter, please ca	all:	
Nicote Fay	Person	at ( <u>239</u> ) <u>331 – 8</u> Area Code Daytim	078 e 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 Se		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Domanus Development	Partners, LLC
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com-	spany were filed on $\frac{2/19/20}{}$ and assigned
Florida document number <u>L20000056746</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address Florida
	City 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 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
AMBR	John Donanus Ir.	1432 Vineyard Ln.	□Add
		Libertyville, 12 60048	<b>⊠</b> Remove
		□Change	
MGR	MGR Robert Haan	27257 Galleon Drive	⊠Add
		27257 Galleon Drive Bonita Springs, FL 34135	□Remove
			□Change
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Elec.	Jake 16 akes akes akes day of filing.
(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 24 2021.
	May 24 2021.
	Signante of a member of authorized representative of a member
	Typed or printed name of signee