# La0000084319

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 Phone : (407)334-7001

Fax Number : (123)456-7890

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

Email Address: FERNANDA ( ) TOHUS GIOBAL TAX. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 365 ORLANDO SERVICES LLC

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	Registration Se Division of Cor			
CUBICS		NDO SERVICES LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		FERNANDA FIGUEIREI	00	
		***************************************	Name of Person	
		DOMUS GLOBAL TAX	ADVISORS LLC	
			Firm/Company	<del></del>
	7680 UNIVERSAL BLVD STE 510			
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	- 11 4 2 484E
		FERNANDA@DOMUSGI		37-21-32-3
For furthe	er information c	t-mail address: ( oncerning this matter, please c	to be used for future annual report not	arication)
		•		
FERNAN	NDA FIGUEIRE		407 334-7001 at ()	· · · · · · · · · · · · · · · · · · ·
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	90 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 Addres Registration 5		Street Address: Registration So	ection
1	Division of C	orporations	Division of Corporations	
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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

 (Name of the Line is all labels of
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

\ <u></u>	(A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{03/1}{}$	17/2020	and assigned
Florida document number L20000084319				2
This amendment is submitted to amend the fol	lowing:			WE SEP 23 AM
A. If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :	23
N/A				799 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the al	obreviation "L.L. 5"
Enter new principal offices address, if appli	cable:	16261 TALIESIN	N ST	
(Principal office address MUST BE A STREET ADDRESS)		WINTER GARDEN, FL 34787		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16261 TALIESIN ST WINTER GARDEN, FL 34787		
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new Registered Agent:		address on our re	cords, <u>enter t</u> he nan	ne of the new registered
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A		, Florida <u>N</u> /	Α
		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.

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II amending Authorized rerson(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	RODRIGO GRASSMANN	16261 TALIESIN ST	≣Add
		WINTER GARDEN, FL 34787	□Remove
			□Add
			□Remove
		······································	
			□Add
		□Remove	
			Change
		- m-manuari	
		Remove	
			Change
			□Add
		□Remove	
			□Change
			ĎAdd
			Remove
			□Change

N/A	, enter change(s) here: (Attach additional she	.с.а., у несевашу.)
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		AN 10:17
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the
the record specifies a delayed effective dated is filed.	te, but not an effective time, at 12:01 a.m. on the e	earlier of: (b) The 90th day after the
Dated SEPTEMBER 23	2021	
	Surgio Putronio Duarte Junio	or
Sic	nature of a mamber or authorized representative of a me	rachea
316	nature of a member of authorized representative of a me	moer

Filing Fee: \$25.00