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Florida Department of State
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 : I2020000162
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 @ DOMUSGLOBALTAX.COM

RECEIVED

2021 MAY -3 PM 12:12

SECRETARY OF STATE

21 MAY -3 AM 11:40

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACOTE COMPLETO ADM LLC

Certificate of Status	0
Certified Copy	0
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Handwritten signature/initials

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

PACOTE COMPLETO ADM 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 01/25/2021 and assigned Florida document number L21000046722.

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
_____, **Florida**
City Zip Code

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MAY -3
AM 11:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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	Sylvia Regina Cardoso Costa	1516 TRANQUIL AVE	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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