L21000072658

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COVER LETTER

T _i O: Registration Sect Division of Corpo			
SUBJECT: The	Dom Gravo LL	CC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Jose A	FRN AE Z Name of Person	
	The Dam	Aroup, LLC Fina Company	
	13065 N.W	8 Lane Address	
		33182 City/State and Zip Code	
	Get paid 31 E-mail address: (t	65 C 4 mail. Com.	fication)
For further information con	ncerning this matter, please ca	all:	
JOSE ARNI Name of I	Person	at (186) 357 - Arca Code Daytime	8373 C Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So		Street Address:	ation.
Division of Co		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Dom Group, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000072658</u> .	were filed on February 11, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of th	•
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)	JAN 3 AM 8: HASSEE, ST
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City /Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· l · l
I hereby accept the appointment as registered agent and agre	e 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

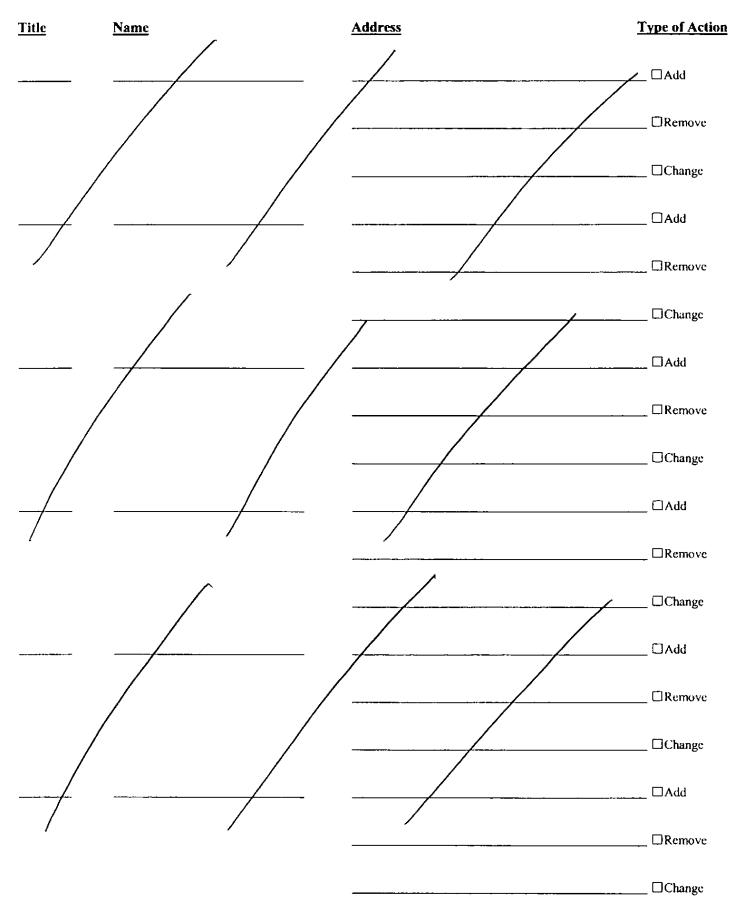
company has been notified in writing of this change.

If Charging 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



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ectiv	ve date, if other than the date of filing:
effec te: T	ctive date is listed, the date must be specific and cannot be prior to date of filing or plore than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umei	ent's effective date on the Department of State's records.
cord s file	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
لب	Deremboir 23 2022 . 1
ea _	December 23 2022 Julia
	Signature of a member or authorized representative of a member
	JUSE Miguel Arnalz Typed orprinted name of signee