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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY TESTS OF SECRETARY SECRETA

COVER LETTER

TO: Registration Section

| Div | ision of Cor | porations | | | | |
|-----------------|--|--|---|--|--|-------------|
| | Domus Dili | do LLC | | | | |
| SUBJECT: | | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | i all correspo | ndence concerning this matter | to the following: | | | |
| | | Cheryl Kaufman, Esq. | | | | |
| | | | Name of Person | | | |
| | | Cheryl Julien Kaufman, Pa | ١ | | | |
| | | | Firm Company | • | | |
| | | 2301 Sunset Dr. | | | | |
| | | | Address | | က | 202 |
| | | Miami Beach, FL 33140 | | | CRET ALL/ | 2023 AFR 24 |
| | | | City/State and Zip Code | | <u> </u> | |
| | | cheryl@kaufmantitle.com | to be used for future annual re | enort notification) | <u>#</u> | ກອ ້. ແນ |
| For further i | nformation c | oncerning this matter, please o | | .pore nouncation) | | 110 |
| Cheryl Kaut | | | | -0500 | | Ö |
| | | f Person | at () Area Code | Daytime Telepho | one Number | |
| Enclosed is: | a check for th | ne following amount: | | | | |
| ■ \$25.00 I | | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encle | | \$60.00 Filing Certificate of Certified Cop- radditional copy | Status & |
| Re Di P.C | illing Addres gistration 5 vision of C). Box 632 llahassee, l | Section orporations 7 | Division The Cen 2415 N. | dress: tion Section of Corporation tre of Tallahas Monroe Stree see, FL 32303 | ssee t, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Domus Dilido LLC | |
|---|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on our records.) bility Company) |
| The Articles of Organization for this Limited Liability Company we lorida document number L21000104194 | ere filed on Mar. 3, 2021 and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabili</u> | ty 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) | 2021 |
| | |
| | ARRIVATION AND ARRIVA |
| Inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 17 14 |
| | |
| 3. If amending the registered agent and/or registered office adegent and/or the new registered office address here: | dress on our records, enter the name of the new regis |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | 121 |
| | , 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 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> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | Markus Pedriks | c/o Cheryl Julien Kaufman, PA | = Add |
| | | 2301 Sunset Dr., Miami Beach, FL 33140 | □Remove |
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| | | | □Add |
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| fective date if other than | the date of filing: | (optio | nal\ | | |
| n effective date is listed, the date | must be specific and cannot be prior to date of s block does not meet the applicable state | filing or more than 90 days after t | iling.) l | | |
| | e Department of State's records. | actly thing requirements, this | uate w | in not be use | cu as |
| | | | | | |
| ecord specifies a delayed effe is filed. | ctive date, but not an effective time, at 12 | :01 a.m. on the earlier of: (b) | The | 90th day after | r the |
| ted April 18 | 2023 | | | | |
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Typed or printed name of signee