## L21000108257

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer

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**Department of State** 

**Division of Corporations** 

Date: 05/14/2021

**American Expediting (Stealth Courier)** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

Company: Domi Delivery LLC

**Requester: USA Gestiones** 

Order: 13160230

## **COVER LETTER**

SUBJECT:	DOMI DEL	IVERY, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		VICTOR ESPINOLA		
		<del></del>	Name of Person	<del></del> -
		USA GESTIONES LLC		
			Firm/Company	·· <del>···</del>
		990 Biscayne Blavd, 501-1	4	
			Address	
		Miami, Florida 33132		
			City/State and Zip Code	
		info@usagestiones.com	to be used for future annual report notifi	
For further in	nformation c	oncerning this matter, please or	·	cation)
VICTOR ES	PINOLA		305 9656948	
	Name o	f Person	Aren Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>≡ \$</b> 25.00 F	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	ES OF AMENDMENT TO S OF ORGANIZATION	assigned assigned
	OF	FI
DOMI DELIVERY, LLC		E 2 6
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000108257	Company were filed on 03/05/2021 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
<ol> <li>If amending the registered agent and/or register agent and/or the new registered office address here</li> </ol>	ed office address on our records, enter the name of the s	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	City Florida Zip Cox	le
New Registered Agent's Signature, if changing Register	ed Agent:	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	t and agree to act in this capacity. I further agree to cor complete performance of my duties, and I am familiar w agent as provided for in Chapter 605, F.S. Or, if this do red office address, I hereby confirm that the limited liab	vith and cument is

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>	Name	Address	Type of Action
MGR	LUIS M POYATO	990 Biscayne Blvd. 501-14	
		Miami, Florida 33132	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□ Remove
			□Change
			DAdd
			□ Rennove

famending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
**************************************	
iote: If the dat	if other than the date of filing:
record specifie	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2021
	1000
	Signature of a member or authorized representative of a member
1 = 9	ENER J GONZALEZ BARRERA
	Typed or printed name of signee

Filing Fee: \$25.00