Division of Corporations

Florida Department of State Division of Comporations Electropic 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@DOMUSGLOBALTAX COM

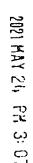
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 360 SUITCASE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO: Registration Se Division of Cor			
360 SUITO			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDA FIGUEIRED	00	
		Name of Person	
	DOMUS GLOBAL TAX	ADVISORS	
		Firm/Company	
	7680 UNIVERSAL BLVD	O UNIT 510	
		Address	
	ORLANDO, FL 32819		
	-	City/State and Zip Code	
	fernanda@domusglobaltax.		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
FERNANDA FIGUEIREDO		407 334 7001	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
≘ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration Division of O	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 63	27	The Centre of T	I allahassec

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 02D00E36-5013-4773-B206-79E5F67426E2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 SUITCASE LLC		SET TO	17
(Name of the Limited Liability C (A Florida Liu	Company as it now appears on our records.) mited Liability Company)	711	
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000160192</u> .	pany were filed on 04/06/2021	and segigined 8	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me of the new registers	<u>:d</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida _	Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 02D00E36-5013-4773-B206-79E5F67426E2
IT 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

Title	<u>Name</u>	Address	Type of Action
MGR	MINATO LLC	9129 PINCH SHOT DR	= Add
		WINTER GARDEN, FL 34787	□Remove
			Change
			□Add
			□Remove
			☐Change
			□ Add
			□Remove
			□Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not i	meet the appli	cable statutory	g or more than 90 / filing requires	(optional) days after filingments, this date) Pursuant to 60 will not be lis	5.0207 (. ited as tl
he record specifies a delayed effect ord is filed.	ive date, but no	at an effective	time, at 12:01	a.m. on the ear	tier of: (b) Th	e 90th day aft	
		2021				BEUA TALLA	21 H
Dated MAY, 24th		. 2021	 •			HAS	2021 MAY 24 PH 3: 08
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			70000-01	100			
	Signature of a	member or aut	nonzed represen	ntative of a mem	per	FLORID	

Filing Fee: \$25.00