## L21000163183

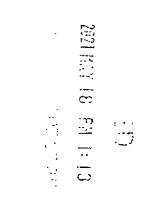
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## **COVER LETTER**

TO: Registratio Division of	o Section Corporations	
SUBJECT:	AMERICA Domes 11C Name of Limited Liability Company	
The enclosed Artick	s of Amendment and fee(s) are submitted for filing.	
Please return all cor	espondence concerning this matter to the following:	
	Juan Pablo Vilches Albina	
	America Domes LLC	
	11038 Grande Pines Cir Apt 1931	
	<u>Orlando</u> Fl 32821	
	City/State and Zip Code  + CIXSETULCE SQCC+ Community COM  E-mail address: (to be used for future annual report notification)	
For further informat	on concerning this matter, please call:	
Juan Pal	ne of Person  Area Code  Daytine Telephone Number	
Enclosed is a check	or the following amount:	
☑ \$25.00 Filing Fo	c ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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 TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>12100</u>0163183 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) 11038 Grande Pines Cir Apt 1031 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 Cin 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

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
Owner	Juan Pablo Vilches A	lbing 11038 Grande Pines	□Add
		Cirapt 1031 orlando Fl	□Remove
		32821	DChange
			□Add
			□Remove
			Change
			[]Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			BRemove
			Change
<del></del>			DAdd
			□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
he record 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 ord is filed.
Dated May 010 202
Juan Pablo Vilches Albina
Juan Pablo Vilches Albina  Typed or printed name of signee

Filing Fee: \$25.00