

121 000 263 707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

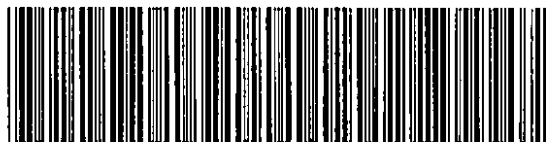
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2021 JUN 16 PM 4:05  
JUL 16 2021

US  
7/19/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MODUS STUDIOS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. YARBOR  
Name of Person

DOMUS MODUS LLC  
Firm/Company

120 SALAMANCA AVE 2B  
Address

CORAL GABLES FL, 33134  
City/State and Zip Code

ahmad@domusmodus.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CARLOS A. YARBOR at (917) 767 7835  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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

MOONS STUDIOS LLC

DOMUS MODUS LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2021 04 10 PM 1:03

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Typed or printed name of signee