Division of Corporations

Florida Department of State Division of Corporations Elegrobica 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 @ DOMUSGIOBAL TAX COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFILL CONSULTING PREMIUM LLC

021 OCT 28 PM 4: 65 Team state in original

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S. PRATHER

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Corporate Filing Menu

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COVER LETTER

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C = (#2 = #2 / 1/4)		ONSULTING PREMIUM LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	rd Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		FERNANDA FIGUEIRED	00	
		-	Name of Person	
		DOMUS GLOBAL TAX	ADVISORS LLC	
			Firm/Company	
		7680 UNIVERSAL BLVI	STE 510	
			Address	
		ORLANDO FL 32819		
			City/State and Zip Code	·
		FERNANDA@DOMUSGI		
			to be used for future annual report no	itilication)
For further	information c	oncerning this matter, please ca	all:	
FERNANI	DA FIGUEIRI		407 334-7001 at ()	
-	Name o	f Person	Area Code Daytii	ne Felephone Number
Enclosed is	a check for th	ne 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 enclused)
	ailing Addres		Street Address: Registration S	ection
D	ivision of C	orporations	Division of Co	orporations
	O. Box 632 allahassee, I		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O	•	AND CI	-T1
INFILL CONSULTING PREMIUM	LLC		28 88 88	FILE
(Name of the Limiter	I Liability Compa \ Florida Limited [ny as it now appears on our records.) Liability Company)	.∵C: ~o	Ö
		10252021	H 2: 35 FLORED	
The Articles of Organization for this Limited Lia		were filed on	— and 報答ppled 였	
Florida document number 1.21000462672				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
INFILL CONSULTING PREMIER LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applica	ble:	N/A		
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE B	<u>ΟΧ)</u>			
B. If amending the registered agent and/or re	nictored office	address on our records anter the name	of the new registers	ьd
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, enter the name	or the new registere	<u>u</u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
		Elorida		

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.

City

Zip Code

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>	<u>Address</u>	Type of Action
_			□Add
			□Remove
			□Add
			□Remove
			□Change
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164			□Add
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N/A				
				
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			,	
W				**************************************
ctive date, if other than the effective date is listed, the date me	date of filing:	e prior to date of filing o	r more than 90 days after:	nal) filing.) Pursuant to 605.01
If the date inserted in this b	lock does not meet the a	applicable statutory fi	ling requirements, this	date will not be listed
ment's effective date on the f	Department of State's rec	cords.		
ord specifies a delayed effecti	ve date, but not an effec-	tive time, at 12:01 a.i	m, on the earlier of: (b)	The 90th day after the
filed.				7
October 28	2021			2021 OCT 28 SECRETARY ALLAHASSED
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	Fling Salin	. Dina Mari	tiin	IAR ASS
····	Clisa Salin Signature of a member o	r authorized regresenta	ke of a member	
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Filing Fee: \$25.00