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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 GIOMBINI'S UNO LLC

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COVER LETTER

TO: Registration Se Division of Cor			ě .	
	ES UNO LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ndence concerning this matter			
	FERNANDA FIGUEIREI	00		
	**	Name of Person	21.4415	
	DOMUS GLOBAL TAX	ADVISORS LLC		
		Firm'Company		
	7680 UNIVERSAL BLVI	STE 510		
		Address		
	ORLANDO, FLORIDA 3	2819		
		City/State and Zip Code		
	FERNANDA@DOMUSGI	LOBALTAX.COM to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please c			
FERNANDA FIGUEIRI	EDO	407 334 7001		
Name o	f Person	at () Area Code Daytime (Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration (<u>Street Address:</u> Registration Sect	ion	
Division of Corporations		Division of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIOMBINES UNO LLC							
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appears on our re- liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company were filed on 03/23/2022 Florida document number 1.22000143001					_ and assigned		
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of th	ne limited liab	ility company here:					
he new name must be distinguishable and contain the word	Is "Limited Liabil	lity Company," the designation "	LLC" or the abbr	eviation "L.L.C	C."		
Enter new principal offices address, if applicable:		7680 UNIVERSAL BLVD	STE 510				
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FLORIDA 32819					
					·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7680 UNIVERSAL BLVD STE 510					
		ORLANDO, FLORIDA 32819					
B. If amending the registered agent and/or reg agent and/or the new registered office address l	<u>here</u> :		ter the name	of the new 1	registe		
Name of New Registered Agent:	DOMUS GLO	BAL TAX ADVISORS LLC	<u></u>				
New Registered Office Address:	7680 UNIVER	SAL BLVD STE 510		2 HA			
		Enter Florida street aa		· ~	77.		
	ORLANDO		, Florida <u>3281</u>	9. 7			
		City		Zip Code			
New Registered Agent's Signature, if changing Res	gistered 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.

Fernanda Figueiredo
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>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			□Add
			Remove
			☐ Change
			□Add
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			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated _ May 17 Adrian Giombini Cendejas
Signature of a member or authorized representative of a member ADRIAN GIOMBINI CENDEJAS Typed or printed name of signee

Filing Fee: \$25.00