# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 : (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 BNE WORKS LLC

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### **COVER LETTER**

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KS LLC •		•
Name of Lim	ited Liability Company	
-		
T DIN WILLIAM TO THE TANK THE	Name of Person	
DOMUS GLOBAL TAX .	ADVISORS LLC	
	Firm/Company	
7680 UNIVERSAL BLVI	O STE 510	
	Address	····
ORLANDO, FLORIDA 3.	2819	
	City/State and Zip Code	
		fication)
oncerning this matter, please c	all:	
EDO	407 334 7001	
f Person	Area Code Daytim	e Telephone Number
ne following amount:		
☐ \$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)
: <u>s:</u>	<u>Street Address:</u>	
Section	Registration Sec	
	Name of Lim  Name of Lim  Amendment and fee(s) are sub  Indence concerning this matter  FERNANDA FIGUEIREL  DOMUS GLOBAL TAX  7680 UNIVERSAL BLVI  ORLANDO, FLORIDA 3  FERNANDA@DOMUSGI  E-mail address: (concerning this matter, please colored)  The concerning this matter, please colored following amount:  S30.00 Filing Fee & Certificate of Status  S:	Name of Limited Liability Company  Amendment and fee(s) are submitted for filting. Indence concerning this matter to the following:  FERNANDA FIGUEIREDO  Name of Person  DOMUS GLOBAL TAX ADVISORS LLC  Firm/Company  7680 UNIVERSAL BLVD STE 510  Address  ORLANDO, FLORIDA 32819  City/State and Zip Code  FERNANDA@DOMUSGLOBALTAX.COM  E-mail address: (to be used for future annual report notion cerning this matter, please call:  EDO  107  107  117  118  119  120  131  1407  131  1407  150  150  160  170  180  180  180  180  180  180  18

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

BNE WORKS LLC				
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)		
The Articles of Organization for this Limited 1	iability Company were filed c	on <u>03/31/2022</u>	an	d assigned
Florida document number L22000156533	·			
his amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability compa	ny here:		
he new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or t	he abbreviati	on "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)			
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE				
3. If amending the registered agent and/or	istanad affice adduses on	our records antar the	nama õf ih	a no Proni
s. It amending the registered agent and/or egent and/or the new registered office addre		our records, emer me	inamie Or tu	HAY
Name of New Registered Agent:	CAMMILAH IACUZIO AI	RAUJO		717
New Registered Office Address:	2881 SANDHILL RIDGE C	TF 418		AHA C
New Registered Office Address.	Ent	er Florida street address		Ö
	KISSIMMEE	, Florid	a <u>34741</u>	45
	City		Zip	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.

Cammilah Araujo
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>	Address	Type of Action
MGR	CAMMILAH IACUZIO ARAUJO		□ Add
			□Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		who we will determine the second seco	☐ Change
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ffective date, if other than th	e date of filing:		(optional)
an effective date is listed, the date mi	ast be specific and cannot be prior	to date of filing or more than 90	days after filing.) Pursuant to 605 0207 (
<b>lote:</b> If the date inserted in this to ocument's effective date on the local control ocument is effective.	plock does not meet the applications of State's records.	able statutory filing requiren	nents, this date will not be listed as t
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record specifies a delayed effecti	ve date, but not an effective ti	me, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
l is filed.			
	2022		
May 17	2022		
	0		
	Cammilah Ar Signature of a member or autho	ayo	pr
	orginature or a member of dutit	street representative or a metalo	·•·
Cammilah Iacuzio Ara	ເພງ່າ		
	Typed or print	ed name of signee	

a - ( ) - j

Filing Fee: \$25.00