L2200	0 329 255
(Requestor's Name) (Address) (Address)	600395312846
(City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status	600395312846 10703/2201034005 **25.00
Special Instructions to Filing Officer:	22 OCT = 3 Att 4: 58
Office Use Only Page	

		COVER LETTER	
	Registration Section Division of Corporations		
	Domus Plus LLC		
SUBJEC		Name of Limited Liability Company	
T I I			
		nd fee(s) are submitted for filing.	
Please re	turn all correspondence concer	ning this matter to the following:	
	Claudia M	lonearz	
		Name of Person	
	Moncarz I	aw Firm PL	
		Firm/Company	22
	401 E Las	Olas Blvd #1400	22 OCT
		Address	μ - -
	Fort Laud	erdale, FL 33301	٨H
		City/State and Zip Code	AH 4: 58
	claudia@m 	E-mail address: (to be used for future annual report notification)	8
⁷ or furth	er information concerning this		
Claudia	Moncarz	786 541-2705	
	Name of Person	at () Area Code Daytime Telephone Number	_
Enclosed	is a check for the following a	nount:	
□ \$25.		Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F cate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status & /
	<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> 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

Domus Plus LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for	is Limited Liability Company were filed on 07/25/2022 and and	l assigned
Florida document number L220		

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable	ble:			•
	FICE DOV		r	
(Mailing address MAY BE A POST OF	FICE BOX)	 		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Idross
	City	, Florida 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 dutics, 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.

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	<u>Type of Action</u>
MGR	Maria A. Fermin	 1000 E. Hallandale Beach Blvd., STE 1-108	🗆 Add
		Hallandale Beach, FL 33009	Remove
			Change 🗐
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			[]Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (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) 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 September 15	2022	
Cliullo (Signature of a member or authorized representative of a member	
Claudia Moncarz	Objendure of a member of aumorized representative of a member	
	Typed or printed name of signee	