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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

: (407)743-3888

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 FF&COM LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

T. LEM!EUX

COVER LETTER

	tegistration Division of C	Section Corporations		
CHRICA	FF&CO	MILLC		
SUBJECT	·		ited Liability Company	
The enclos	sed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all corres	spondence concerning this matter	to the following:	
		FERNANDA FIGUEIREI	00	
			Name of Person	
		DOMUS GLOBAL TAX	ADVISORS LLC	
			Firm/Company	
		15815 SHADDOCK DR S	TE 120	
			Address	
		WINTER GARDEN FL 3-	1787	
		<u></u>	City/State and Zip Code	
		fernanda@domusglobaltax.		
			o be used for future annual report not	fication)
For further	information	eoncerning this matter, please co	ill:	
FERNANI	DA FIGUEI	REDO	407 3347001	
	Name	e of Person	at () Area Code Daytim	e Tetephone Number
Enclosed is	s a check for	the following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FF&COM LLC			
(Name of the Lin	nited Liabitity Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Florida document number L23000080048	Liability Comp	pany were filed on 02/13/2023	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited I	liability Company," the designation "LLC" or the abb	reviation "L L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE		5)	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICI	E BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addr	registered offi ess here:	ice address on our records, <u>enter the name</u>	of the new registo
Name of New Registered Agent:	N/A		,
New Registered Office Address:			(3
		Enter Florida street address	.
	N/A	, Florida N/A	
		City	Zip Codé⊇

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.

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	IVANA FERREIRA FONTES	3396 PARKCHESTER SQUARE BLVD APT 104	□Add
		ORLANDO, FL 32835	■Remove
			□Change
		*	DAdd
			□Remove
			□Change
·			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		Name of the state	□Change
·			□Add
			□Remove

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Effective date, if other than the off an effective date is listed, the date must	date of filing:		(option	ial)
fan effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be preck does not meet the ann	ior to date of filing or dicable statutory fil	more than 90 days after fi	ling.) Pursuant to 605.0207 (
document's effective date on the De	partment of State's recor	ds.	ing requirements, this c	iate will not be fisied as t
record specifies a delayed effective	date, but not an effective	c time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
rd is filed.				
October 20	2023			
Dated October 20		·		
- nu	egune Le au	Munaonci	7.	
S	lippe CO de signature of a member or au	thorized representative	ve of a member	