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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 APLICATIVONET LLC

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T. LEMIEUX

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## **COVER LETTER**

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	Registration Se Division of Cor		·		
SUBJEC	APLICATI	APLICATIVONET LLC .			
SUBJEC	*/	Name of Lim	ited Liability Company	;	
The enclos	sed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		FERNANDA FIGUEIREI	00		
			Name of Person	4-14-1-1	
		DOMUS GLOBAL TAX	ADVISORS LLC		
			Firm/Company		
		15815 SHADDOCK DR S	STE 120		
			Address	· <del>·····</del>	
		WINTER GARDEN, FL.	34787		
			City/State and Zip Code		
		FERNANDA@DOMUSGI			
For furthe	r information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report n	otification)	
		-			
FERNAN	DA FIGUEIRI		407 3347001 at()_		
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>≡</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
_	Mailing Addres Registration S		Street Address: Registration S		
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L. Florida document number <u>L23000259284</u>	iability Compai	ny were filed on <u>05/26/2023</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited lis	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, <u>enter the nam</u> ೆ.	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		) (0)
		Enter Florida street address	T .
		, Florida	Zin Codi'
New Registered Agent's Signature, if changing		•	Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GLEICYANE R R FERREIRA	RUA BADEN POWELL 367	<b>≡</b> Add
		PAULINA, SP 13141-234 BR	□Remove
			Change
		40L-001-00-00-00-00-00-00-00-00-00-00-00-00	□Add
			□Remove
			□Change
			□Add
			Remove
		4	Change
	4		□Add
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			Change

N/A		
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····.		
E. Effective date, if other than the d	ate of filing:	
Of an effective date is listed, the date must be Note: If the date inserted in this block	be specific and cannot be prior to date of filing or more than 90 days after filing.) It is does not meet the applicable statutory filing requirements, this date w	Pursuant to 605,0207 (3 vill not be listed as th
document's effective date on the Dep		
f the record specifies a delayed effective a secord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated DECEMBER 30	2023	
Rein	ignature of a member of authorized representative of a member	
2	ignature of a member or authorized representative of a member	
REINALDO RODRIGU	ES FERREIRA	
	Typed or printed name of signee	

Filing Fee: \$25.00