## L23000350590

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Special Instructions to f	Filing Officer:	
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## COVER LETTER

TO:	Registration Section
-	Division of Corporations

NORTH MANAGEMENT LLC f/k/a DOMUS MANAGEMENT LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Buckler

Name of Person

North Development Group LLC

Firm/Company

1200 Brickell Avenue, 18th Floor

Address

Miami, FL 33131

City/State and Zip Code

lbuckler@northdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Lori Buckler
 305
 204-1375

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 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)

<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

AKTICLES OF	ORGANIZATION	14 -
	OF	and the second second second
		2024 SEP 30 PH 7: 47
DOMUS MANAGEMENT LLC		Y
DOMUS MANAGEMENT LLC ( <u>Name of the Limited Liability Con</u> (A Florida Limited Liability Compa	ed Liability Company)	SLUGARD STATE
	5/26/202	ALLAHASSEE, FI
The Articles of Organization for this Limited Liability Compa	my were filed on $\frac{7/25/202}{2}$	and assigned
lorida document number 1.23000350590		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
NORTH MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designat	ion "ULC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		·
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>		
	<b>4</b>	
3. If amending the registered agent and/or registered offic	e address on our records	s, enter the name of the new regi
igent and/or the new registered office address here:		
Marca and Marca Day for an 1-A state		
Name of New Registered Agent:	·····	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida stre	ret address
		. Florida

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.* 

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>	Name	Address	Type of Action
AMBR	North Development LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 33131	l □Add
			🗆 Remove
AMBR	North Development Group LLC	1200 Brickell Avenue, 18th Floor, Miami, FL 33131	l □Add
		Update from North Development LLC	🗆 Remove
		North Development Group LLC	
			🗆 Add
		. <u> </u>	🗆 Remove
			□Change
	<u>_</u>		🗆 Add
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			🗆 Add
		·····	□Change
			□Add
		- <u></u>	□Remove
		<u> </u>	🗆 Change

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•D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the If an effective date is listed, the date mus	date of filing:		(optional)	
If an effective date is listed, the date mus	be specific and cannot be prior t	o date of tiling or more than	90 days after filing.) Pursuant to	605.0207
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applica	ble statutory filing requi	rements, this date will not be	listed as 1
document s effective date of the De	partment of state s records.			
e record specifies a delayed effective	date, but not an effective tir	ne, at 12:01 a.m. on the o	earlier of: (b) The 90th day a	after the
ord is filed.		$\wedge h$		
		/ \ //		
September 9	2024	/		
Dated	·	-· ///		
		X.A		
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	Signature of a member or author	rized representative of a me	anber	-
Arturo Vidal, Authorize	l Signer			
		d name of signee		-
	- Marine Produce			