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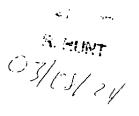
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: $\mathcal{D}$	cmus Luxus Inves	tnents LLC.	
		ited Liability Company	
	of Amendment and fee(s) are sub-	_	
Please return all corre	spondence concerning this matter	to the following:	
	Dan	Name of Person	
	Domus L	UXUS INUESTAMENTS Firm/Company	uc.
		Street, Plantaty Address	<del></del>
	Plan  Plan  Panyilog  F-mail address: (1)	City/State and Zip Code  Area Code  Area Code  Area Code  Daytim	Olication)
For further information	on concerning this matter, please ca	ail:	COST AND COST
<u>Daniel</u> Nan	J. LOPET	at (30S) 765 - Area Code Daytim	5352 Fin 5
Enclosed is a check for	or the following amount:		
☑ \$25.00 Filing Fee	: ☐ \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Con The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Domus Luxus					
(Name of the Limited	Liability Company Florida Limited Liab	as it now appea bility Company)	rs on our re	ecords.)	
The Articles of Organization for this Limited Lia		ere filed on _	01/29	12024	and assigned
Florida document number <u>L 24 0000 51</u>	<u> 380                                    </u>				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabilit	y company h	<u>ere</u> :		
Daniel J Lopez LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the	designation '	"LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applical	ble: _		1/4	••	707
(Principal office address MUST BE A STREET	ADDRESS)				:
	_			102 102 102	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	_	Ν	/A	SEE S	章じ
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	·	<del></del>	FL	<u>ക</u> വ
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:		iress on our i	ecords, <u>er</u>	iter the name	e of the new register
		••		- +	
New Registered Office Address:		Enter Flo	rida <u>street</u> ac	ldress	
				, 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 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		
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