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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

: (954)366-3850

Fax Number

: (954)633-7850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN DOMUS AMERICA INVESTMENT INC

| Certificate of Status | 0 |
|-----------------------|---------|
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f Fax: (850) 617-6380

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COVER LETTER

To:

| TO: Amendment Secti Division of Corpo | | | | | | | • |
|--|---|---|--|--|--|------------|-----|
| NAME OF CORPOR | ATION: DOMUS AME | RICA INVESTMENT | INC | | | | |
| DOCUMENT NUMB | ER: P13000013885 | | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | | |
| Please return all corres | pondence concerning this ma | itter to the following: | | | | | |
| | | PIO F. BARRI | os · | | _ | | |
| | | Name of Contact | Person | | _ | • | |
| | DOM | ÚS AMERICA INVI | STME | ENT INC | | | |
| • | <u> </u> | Firm/ Compa | nv | | - | | |
| • | | 1799 N STATE RD 7 | • | 0 | | | |
| | | Address | · - · · · | | _ | | |
| | | MARGATE, FL | 33063 | | | | |
| | | City/ State and Zin | | | - at | | |
| | | City/ State and Zij | p Coue | | E | 37 | |
| | | TAXRIGHT7@YAH | (00.C | OM | ₹ | Ξ | -1 |
| | H-mail address: (to be us | sed for future annual | report i | notification) | 7 | ~ | - |
| | | | | | 2 | | , |
| For further information | concerning this matter, pleas | se call: | | | 1975 and 197 | PH 3: | ų e |
| | IN BASSO | al (| 54 | 709-8966 | | ဒ္ဓာ တွ | AF |
| Name of Contact Person | | Aı | ea Cod | _)le & Daytime Telephone Numbe | er (Brit | ٠٠, | |
| Enclosed is a check for | the following amount made | payable to the Florida | Depai | riment of State: | - | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Ame Divis P.O. | ndment Section sion of Corporations Box 6327 shassee, FL 32314 | 7 1 0 2 | Amendi Division Clifton 1661 Ex | Address ment Section n of Corporations Building secutive Center Circle ssec, FL 32301 | | | |

Fax: (954) 633-7850

To:

Fax: (850) 617-6380

Page 3 of 6 12/21/2016 10:05 AM

Articles of Amendment to Articles of Incorporation of

| of _. |
|--|
| DOMUS AMERICA INVESTMENT INC |
| (Name of Corporation as currently filed with the Florida Dept, of State) |
| P13000013885 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| . The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| |
| C. Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| ا بين من الآن - المنافقة |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent |
| |
| (Florida street address) |
| New Registered Office Address:, Florida |
| (City) (Zip Code) |
| |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment us registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Registered Avent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

To:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following munner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|-----------|------------------|--------------------------|
| X Remove | ¥ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | VP | LUIS J BARRIOS | JR JUNIN 355, MIRAFLORES |
| Add | | | LIMA, 5112 PE |
| X Remove | | | |
| 2) Change | S | PATRICIA BARRIOS | JR JUNIN 355, MIRAFLORES |
| Add | | · | L1MA, 5112 PE |
| X Remove | | | |
| 3) Change | s | CAROLINA BARRIOS | JR JUNIN, MIRAFLORES |
| Add | | | LIMA, 5112 PE |
| X Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

Fax: (954) 633-7850

To:

Fax: (850) 617-6380

| If amending or adding additional Art Attach additional sheets, if necessary) | (Be specific) | 1001-01 | |
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| f an amendment provides for an exch provisions for implementing the ame | ange, reclassification. | or cancellation of issued shares, | |
| (if not applicable, indicate N/A) | aument it not contain | ed in the smertunent itsen: | |
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From: Amelia Basso Fax: (954) 633-7850

To:

| | 12/21/2016 | |
|---|---|---|
| The date of each amendment date this document was signed. | s) adoption: | , if other than the |
| date this document was signed. | 12/21/2016 | |
| Effective date if applicable: | 12/21/2010 | |
| | (no more than 90 days after amendment file | date) |
| | nis block does not meet the applicable statutory filing require construction of State's records. | ements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/wer by the shareholders was/we | adopted by the shareholders. The number of votes cast for the sufficient for approval. | e amendment(s) |
| | approved by the shareholders through voting groups. The fold of for each voting group entitled to vote separately on the amen | |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/wer action was not required. | adopted by the board of directors without shareholder action | and shareholder |
| The amendment(s) was/wer action was not required. | adopted by the incorporators without shareholder action and | shareholder |
| . 12/2 | /2016 | |
| Dated | | |
| | Malalle | |
| Signature | y a directors president or other officer - if directors or officers | harana kana |
| | ected, by an incorporator — if in the hands of a receiver, truster | |
| | pointed fiduciary by that fiduciary) | o, or other come |
| · | EDWIN G. BASSO | |
| | (Typed or printed name of person signing) | |
| | REGISTERED AGENT | |
| | (Title of person signing) | |