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	Civision of Co Fax Number	: (850)617-6380
From:		
	Account Name	: BROWARD SOHO SERVICES INC.
	Account Number	: 120100000080
	Phone	: (954)366-3850
	Fox Number	: (954)633-7850

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

Certificate of Status	0
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Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOM	US AMERICA INVESTMENT INC
DOCUMENT NUMBER: P13000013	885
The enclosed Articles of Amendment ar	nd fee are submitted for filing
Please return all correspondence concern	
PIO F BARRIOS	
DOMUS AMERI	Name of Contact Person CA INVESTMENT INC
501 NE 2_ST ST (Firm/ Company UNIT 4001
MIAMI, F1, 33179	Address
TAXRIGHT7@Y,	City/ State and Zip Code
	s: (to be used for future annual report notification)
For further information concerning this ma	
PIO F BARRIOS	954 960-5630
Name of Contact Person	ar (
Enclosed is a check for the following amount	unt made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	R Fee & S43 75 Filing Fee & Sicco to the
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

Fax: (850) 617-6380

Page: 3 of 6

03/09/2021 1:08 PM

Articles of Amendment Articles of Incorporation

	10		
·· ····	DOMUS AMERICA I	NVESTMENT INC	
(<u>Nam</u>	e of Corporation as current	ly filed with the Florida Dept, of State)	
	P1:0000138		
		f Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	07.1006, Florida Statutes, this	Florida Profit Corparation adopts the follow	ing amendment(s) t
A. If amending name, enter the new	name of the corporation:		
name must be distinguishable and conta "Inc.," or Co.," or the designation ' "chartered," "professional association,	in the word "corporation," "c "Corp." "Inc," or "Co". A ," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevial professional corporation name must conte	The new tion "Corp.," tin the word
B. Enter new principal office address	if annlicable	501 NE 21ST ST UNIT 4001	
(Principal office address MUST BL A.	STREET ADDRESS)	MIAMI, FL 33179	
C. Enter new mailing address, if app (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX)	ss in Florida, enter the name of the man	ANII.
	501 NE 21ST ST UNIT 4001		
	(Florida street		-
New Registered Office Address:	MIAMI	Florida 33179	
	, (ity) (Lip C	Tode)
iew Registered Agent's Signature, if chereby accept the appointment as registed	hanging Registered Agent: ered agent. I am familiar with	h and accept the obligations of the position.	
	Signature of New Real	stered Agent, if changing	
heck if applicable The amendment(s) is/are being filed pu			

From: Amelia Basso

Fax: 19546337850

Fax: (850) 617-6380

Page: 4 of 6

03/09/2021 1:08 PM

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 Office; 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:

 $P = President, V = V_{ICC} President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief$ 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 manner. Currently John Doe is tisted 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. Example:

X Change	PT	John Doe	
∑ Remove	\underline{V}	Mike Jones	
<u>⊥X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Titie	<u>Name</u>	<u>Addres</u> s
1) X Change	P	FERNANDO BARRIOS FAMILY R	501 NE 21ST ST UNIT 4001
Add			MIAMI, FL 33179
Remove			(NEW ADDRESS)
2) Change			
Add			
Remove 3 / Change	-		
Add			
Remove			
4) Change		·	
Add		•	
Remove			
5 Change			
Add		 -	
Ветоме			
61 Change			
Add			
Remove			

From: Amelia Basso

Fax: 19546337850

To:

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Page: 5 of 6

03/09/2021 1:08 PM

	cles, enter change(s) here: (Be specific)	
		
		
If an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/R)	ge, reclassification, or cancellation of issue nent if not contained in the amendment its	<u>d shares,</u> elf:
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Page: 6 of 6

03/09/2021 1:08 PM

The date of each amendment(s) adoption:	03/09/2021, if other than the
date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s)
The amendment(s) was/were approved by it must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
	indinent(s) was/were sufficient for approval
by	
(ro.	ting group)
-03/09/1021 Dated	
Signature - 1	
(By a director, pres selected, by an inco appointed fiduciary	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
PIO F BAR	RIOS
(Typed or printed name of person signing)
REGISTER	AGENT
(Title of person signing)