P16 0000 18968

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JUN 2 1 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LL DOMO GROUI	PINC		
DOCUMENT NUMB	ER:P16000018968		·············	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	JUAN C CIAMPI			
,		Name of Contact Persor	1	
		Firm/ Company		
	5004 SAVANNAH RIVER V	WAY APT 107		
		Address		
	ORLANDO, FL 32839			
•	 	City/ State and Zip Code	2	
A_GE	BOOKKEEPING@YAHOO.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JUAN C CIAMPI		at (922-5617	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address Iment Section on of Corporations Building	
Talla	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IL DOMO GROUP INC	OI		
(Name of Corporat	ion as currently	filed with the Florida Dept. of State	<u> </u>
P16000018968			
(Docur	ment Number of (Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Fi	lorida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the contact. N/A	orporation:		47
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "C	o". A professional corporation nam	
B. Enter new principal office address, if applicable	۰.	5004 SAVANNAH RIVER WAY	APT 107
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32839	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5004 SAVANNAH RIVER WAY	APT 107
		ORLANDO, FL 32839	
			25.5
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter the name of the	FILE JUN -6 Allasse
Name of New Registered Agent N/A			<u> </u>
	(Florida stree	t address)	6: 9:10 9:10 9:10 9:10 9:10
New Registered Office Address:		, Florida_	
		City)	(Zīp Code)

Signature of New Registered Agent, 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:

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 manner. Currently John Doe 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIA L ZAMORA	5004 SAVANNAH RIVER WAY
Add			APT 107
X Remove			ORLANDO, FL 32839
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

E. <u>If ame</u> (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
N/A		
<u>.</u>		
·		
provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
N/A	not applicable, indicate N/A)	
_ 		
<u>. </u>		

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(Willing group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
05-28-20 Dated	019
Signature	- Lalliffer
(By a c	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	JUAN C CIAMPI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)