L13000158784

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COVER LETTER

TO:	Registration Se Division of Co				
OUD IE		ELEVEN LLC			
SUBJEC	Jr:	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Kiley Lenstrom .			
			Name of Person		
		DOMAIN ELEVEN LLC			
Firm/Company				L 1 i 2023 APR	
		P.O. BOX 110452		(- ·	
			Address		<u>+</u>
Palm Bay, Florida 32907					41 8: H
		kiley@lenstrom.com	City/State and Zip Code		£
		E-mail address:	to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please of	all:		
Kiley Le	enstrom		321 243-4838		
Name of Person			ne Telephone Number	•	
Enclosed	is a check for th	ne following amount:			
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations		
	P.O. Box 632		The Centre of	Fallahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMAIN ELEVEN LLC		<u>.</u>		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) iy)			
The Articles of Organization for this Limited Liability Company were filed on 11/12/2013				
Florida document number L13000158784				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	y here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applicable:	; ·	2023		
(Principal office address MUST BE A STREET ADDRESS)	1-	PR		
- The same of the		<u>.</u>		
)	AH 8		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	ורן			
D. 16. 11. 41. Catarral annual allow and action and decomposition of		f the nav registe		
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, enter the name of	the new registe		
Name of New Registered Agent:				
New Registered Office Address:	PI - I			
Enter	Florida street 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 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
MGR	Jessica Lenstrom	2595 Snapdragon Dr NW Palm Bay, FL 32907	
			□Remove
			Change
AMBR	Kiley Lenstrom	2595 Snapdragon Dr NW Palm Bay, FL 32907	🗀 Add
			□Remove
			Change
			Add
		رين الآياد رين الآياد	PRemove' i
		72	fiChange
 			□Add
			□ Rетюче
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