L18000166744

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

_		COVER ELITER	
TO: Registration S Division of Co			•
Bentley Ti	mber FL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kenneth E. ORorke		
	·-	Name of Person	
	Delos Strategies LLC		
	<u> </u>	Firm/Company	
	111 Second Ave NE Suite	517	
		Address	
	Saint Petersburg, FL 3370	I	
		City/State and Zip Code	
	kororke@delosstrategies.co	m to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Kenneth E. ORorke		813 300-7788	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
Mailing Addre		Street Address:	ution
Registration Division of G	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	-	The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bentley Timber FL LLC		<u></u>
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u>-</u>)
he Articles of Organization for this Limited Liability Comp	pany were filed on 07/10/2018	and assigned
lorida document number1.18000166744		
ionda document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
doma Estates LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •		
<u>rincipal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		,
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
Taning dadress WAT BE A FOST OFFICE BOX		
		•
. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	the name of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
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			Remove
			□Change

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Signature of a member or authorized representative of a member	l is filed.		
Signature of a member or authorized representative of a member	10/00	2023	
Signature of a member or authorized representative of a member	ated		
Signature of a member or authorized representative of a member		1 0 %	
	Kand	Signature of a member or authorized representative of a member	
		. 2	
		Typed or printed name of signee	

Filing Fee: \$25.00