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SECRETARY OF STATE

COVER LETTER

eun ieær	DomLex H			
SUBJECT	·		nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		Christopher Bowes		
			Name of Person	
Division of Curporations DomLex Holdings LLC				
		6022 Hammock Hill Ave		SECRETALL ALL OR
DomLex Holdings LLC Name of Limited Liability Company				
		Lithia, FL 33547	Circles and Tin Code	
			m	H: 08
For further	information c		•	fication)
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				ction
			_	
		•		-
Ta	allahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Livings C.C.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L25000052017</u> .	on 1/30/2025 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	20
Mailing address MAY BE A POST OFFICE BOX)	70 F
	-IT 00
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
gent and/or the new registered office address here:	1.08
Name of New Registered Agent:	
New Registered Office Address:	
En	ter 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 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	Christopher Bowes	6022 Hammock Hill Ave	
		Lithia, FL 33547	□Remove
			Change
			□ Add
			□Remove
			□Change
			SECTETAL SECTION OF THE PROPERTY OF THE PROPER
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.		
cument's effective date on the Department of State's records.		
	10.01	L
record specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the eartier of (6) The your day after	ine
ned Feb 19, 2025.		
, <u> </u>		
Signature of a member or authorized re	epresentative of a member	

D11: D #35.00