

L17000216597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

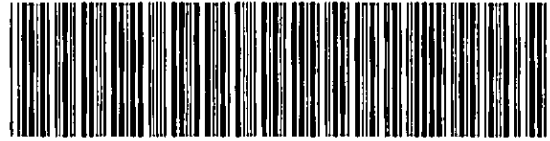
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B FIGUEROA

DEC 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: X.A. CAPITAL INVESTMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS A. FERRARINI

Name of Person

X.A. CAPITAL INVESTMENT LLC

Firm/Company

1541 SUNSET DRIVE SUITE 302A

Address

CORAL GABLES FL 33143

City/State and Zip Code

strabelli12@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS A. FERRRARINI

917 515-6053
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

X.A. CAPITAL INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DADE-COUNTY and assigned Florida document number L17000216597.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ACBOTAX, CORP

New Registered Office Address: 1541 SUNSET DRIVE 302A

Enter Florida street address

CORAL GABLES, Florida 331

City

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAMILA BALEEIRO	601 NE 27 STREET	<input checked="" type="checkbox"/> Add
		APT 1906	<input type="checkbox"/> Remove
		MIAMI FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 27

2017

Handwritten signature of Douglas A. Ferrarini Strabelli

Signature of a member or authorized representative of a member

DOUGLAS A. FERRARINI STRABELLI

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACBOTAX, CORP

New Registered Office Address:

1541 SUNSET DRIVE 302A

Enter Florida street address

CORAL GABLES

Florida

City

Zip Code

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 IF NEEDED BY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated October 27

2017

[Handwritten Signature]
Signature of a member or authorized representative of a member

DOUGLAS A. FERRARINI STRABELLI
Typed or printed name of signee

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