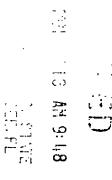
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ P 0K-0	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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2021 Pay 13 FH 2: C

** 今日 KEE MAY 1 4 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 809745 8026487
AUTHORIZATION: Spelle man
COST LIMIT : \$ 25.00
ORDER DATE: May 12, 2021
ORDER TIME : 10:21 AM
ORDER NO. : 809745-001
CUSTOMER NO: 8026487
DOMESTIC AMENDMENT FILING NAME: XSTELE.COM, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER'S INITIALS:

:	COVER LETTER
TO: Registration Section Division of Corpor	na Ations
XSTELE.COM SUBJECT: _	i, LLC
Sold ECT.	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	EDWARD PHICCIPS Name of Person
-	XSTECE COM, LLC
į	21218 ST. ANDROWS BLUD. #226
-	BOCA RATON, FL 33433
Ę	City/State and Zip Code DWERD FLOYD PHILLIPS. Com E-mail address: (to be used for future currousl report notification)
For further information conce	•
EDWARD Number of Per	PHILLIPS at 561 756-1642 Arca Code Daytime Telephone Number
Enclosed is a check for the fo	Howing amount:
□ \$25.00 Filing Fee	Solution Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section of Corporation P.O. Box 6327	

Tallahasset FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

	ARTICLES	OF ORGANIZATION OF		
XST	LE.COM, LLC			
	(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Org	inization for this Limited Liability Com	ipany were filed on 10/01/2007	and ass	ioned
	L07000099900		ಮಗ ಚಿತ	igned.
This amendment is	submitted to amend the following:			
	ne, enter the new name of the limited	I liability company here:		
XS Partners, LLC				
The new name must be	listinguishable and contain the words 'Limited	Liability Company," the designation "LLC" or the ab	breviation "L.	L.C."
Enter new princip.	offices address, if applicable:			
(Principal office ad	res MUST BE A STREET ADDRES	<u> </u>		
		-		
Enter new mailing	address, if applicable:	32 5. SIXTH S	57	
(Mailing address M	AY BE A POST OFFICE BOX)	WARRENTON, VA	20186	D
				1
			,	•
B. If amending the	registered agent and/or registered of w registered office address here:	fice address on our records, enter the nam	e of the new	registered
	l de la constant de l		- <u>-</u>	.>
Name of N	w Registered Agent:			- (-1
			ina. J	
New Kegis	ered Office Address:	Enter Florida street address		.
			Lai d	ລ
		, Florida	 Zip Code	
New Registered Ages	 it's Signature, if changing Registered Ag	ent:	• • • •	
I hereby accept the	appointment as registered agent and	agree to act in this capacity. I further agr	ee to comp	hi suidh dha
provisions of all st a	lutes relative to the proper and comp	plete performance of my duties, and I am fo	ımiliar with	and
accepi ine obligan o	ns of my position as registered agent	as provided for in Chapter 605, F.S. Or, i ffice address, I hereby confirm that the lim	f this docu	nent is
company has been	of the registered of this change.	fice activess, I nevery confirm that the lim	nted habilit 	y
•	1			
	<u>r</u>	Changing Registered Agent, Signature of New Regi	istered Agent	
ł				

If amend	ling Auth	prized Person(s) authorized to	manage, enter the title, name, and	d address of each person being added
		zed Member		
<u>Title</u>	<u>N</u> s	ine -	Address	Type of Action
	·			□Ada
				□Rcmove
				Change
	_			□ Add
				□Romove
				□Change
				
			 .	□Remove
		!	- -	Change
	_			
				□Rcmove
				□Change
	—			□ Add
	3			Петоче
				Change
	_			
				□Remove
				□ Change

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D. If amonding out of the later was in		
it amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of fili	ng: (optional) und cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	15 0207 (2)/3.
<u>Mote:</u> If the dateurscried in this block does not	t meet the applicable statutory filing requirements, this date will not be li	sted as the
document's effective date on the Department of	f State's records.	
If the record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
record is filed.		
a di / 5		
Dated 05 //2	<u>, 2021 . </u>	1
		1
-Signature of	a member or authorized representative of a member	1
Edward F Phillips		
	Typed or printed name of signee	
I!	-	1