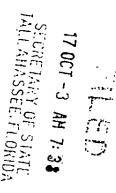


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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
SUBJECT: //	Name of Lim	nted Liability Company	*·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARGNIEL	BRITO Name of Person	
	•	Name of Person	
	XIIA, LL	FirmCompany	
		Firm/Company	
	TESW 2016	TOJ SUA HTOI	B-43
		Address	
	J Hashark	/ 33017	
		City/State and Zip Code	
	11411	to be used for future annual report notif	•
	E-mail address: ()	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
HARque	el B2;to	at (_786_) 397	4-2398 Talahan Yumbu
Same o	n reison	Area Code Dayting	e Tesephone Number
Enclosed is a check for the	he 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

X117 FFC		
(<u>Name of the Limited</u> ()	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	J
ne Articles of Organization for this Limited Lial	bility Company were filed on	and assigned
orida document number <u> </u>		
is amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	the limited liability company here:	
e new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
rincipal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE B	<u>ox</u>)	
If amending the registered agent and/or gistered agent and/or the new registered offi	r registered office address on our records,	enter the name of the
gistered agent and/or the new registered offi	ce address nere.	17 [-]
Manna of Slave Davistanud Assaut		OC1
Name of New Registered Agent:		ν
New Registered Office Address:	C 01 11 D	
	Enter Florida street address	F S
		rida 🤶 📆
	City	B A CONT

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.

New Registered Agent's Signature, if changing Registered Agent:

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

Title	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	DAH BRITO	3205 W 16TH Ave Lot	B-43 1 (Add
		12:01en/1 F1 33012	Remove
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The 90th day after the record is filed. $100 = 000000000000000000000000000000000$	on the	earlier
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Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00