## LO9 (000075705

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
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OCT 2 4 2019 C Kinsey

## **COVER LETTER**

	gistration Sec vision of Corp			
eub icat.	XMART TI			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspoi	ndence concerning this matter	to the following:	
		OMAR EXPOSITO		
			Name of Person	
		XMART TILE LLC		
		<del></del>	Firm/Company	<del> </del>
		917 W GASTON PL		
			Address	<del></del> .
		TAMPA FLORIDA 33604	l .	
		<del></del>	City/State and Zip Code	<del></del>
		OMAREXPOSITO@GMA		
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
OMAR EX	POSITO		813 433-3685 at ( )	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

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

XMART FILE LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
XMART CONSTRUCTION LLC	<del> </del>	
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 ADDRES.	<u> </u>	2019
		00 11
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- ω - 2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our reco here:	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street ad	dress
		Florida
N. S. I.	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 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>	Address	Type of Action
MGRM	OMAR EXPOSITO	917 W GASTON PL	
<del></del>		Tampa H 3360U	<b>=</b> Add
			□ Remove
			Change
			Remove
			Change
		D Add	
		Remove	
			□ Change
			□ Add
			Remove
			☐ Change
		☐ Remove	
		Change	
			Remove
			Change

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(If an eff	ive date, if other than the date of filing:  [coptional]  [coptional]
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	09/30/2019
	Signature of a member or authorized representative of a member
	OMAR EXPOSITO

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Filing Fee: \$25.00