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## COVER LETTER

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	RCE21. L	LC	-						
SUBJECT: Name of Limited Liability Company									
The enclosed Art	icles of Ai	mendment and fee(s) are sub-	mitted for filing.						
Please return all o	correspond	dence concerning this matter	to the following:						
		CARLOS A. PAESANO							
			Name of Person						
		XTRIAM, LLC							
			Firm/Company	-	<del></del>				
		5510 ORDUNA DRIVE							
			Address						
		CORAL GABLES, FL 33	146						
			City/State and Zip Co	ode		2			
		epaesano@gmail.com			<del></del>				
			to be used for future and	шаі героп пописанов)		2021 KOV 29			
For further infori	nation con	ncerning this matter, please ca	all:			0			
CARLOS A. PAESANO		954 at ( )	592-1256						
	Name of I	Person	Area Code	Daytime Teleph	one Number	11 12			
Enclosed is a che	eck for the	following amount:							
□ \$25.00 Filing	g Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y	Certified C	of Status &			
Mailing Address: Registration Section		· · · · · · · · · · · · · · · · · · ·	et Address: istration Section						
Division of Corporations			Division of Corporations The Centre of Tallahassee						
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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

and assigned

FORCE21, LLC

The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/23}{2010}$ Florida document number <u>L10000043945</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XTRIAM, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5510 ORDUNA DRIVE Enter new principal offices address, if applicable: CORAL GABLES, FL 33146 (Principal office address MUST BE A STREET ADDRESS) 5510 ORDUNA DRIVE Enter new mailing address, if applicable: CORAL GABLES, FL 33146 (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: New Registered Office Address: Enter Florida street address 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>	Name	<u>Address</u>	Type of Action
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			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or relote:  If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	<b>(optional)</b> nore than 90 days after filing.) Pursuant to eng requirements, this date will not be l	605.020 îsted a:
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. I is filed.	on the earlier of: (b) The 90th day a	fter the
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At DD	Por	
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Typed or printed name of signee