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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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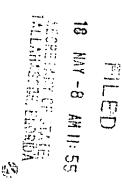


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COVER LETTER

Division of Co	rporations		
XRC, LLo SUBJECT:	c		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mathew Appell		
		Name of Person	
		Firm/Company	<u> </u>
	478 E. Altamonte Dr., Sui	te 108-143	
		Address	
	Altamonte Springs, Florida	a 32701	
		City/State and Zip Code	
	Mathew.Appell@xrcfl.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please concerning	all:	
Mathew Appell		407 960-5933 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

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

XRC, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	oany were filed on 4/7/2011	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		T 63
Principal office address MUST BE A STREET ADDRESS	<u> </u>	N +8 M
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- S
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street address	
	, Flor	ida Zip Code
	Citv	zw coae

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>	Type of Action
MGR	PATRICIA APPELL	542 Hassocks Loop, Lake Mary FL	Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
		_	Add
			Remove
			Change Add
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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ed 4 30 , 2018.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00