

LL 0000 69149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 OCT -5 PM 3:34
FALLMASH, LARRY

D. BRUCE
OCT 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XLR Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Pohn
Name of Person

Firm/Company

11 San Marco St. Apt. 506
Address

Clearwater Beach, FL 33767
City/State and Zip Code

Sharonpohn@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Pohn at (727) 686-2278
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
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

FILED
2015 OCT -5 P 3:21
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XLR Holdings LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6-14-2011 and assigned
Florida document number L11000069149

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(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:

Sharon John

New Registered Office Address:

11 San Marco St. Apt. 506

Enter Florida street address

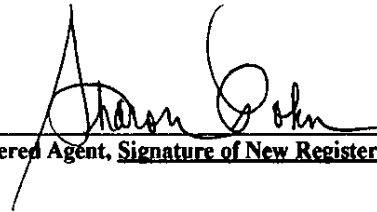
Clearwater Beach, Florida 33767

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gordon John	11 San Marco St.	☐ Add
		Apt. 506	☒ Remove
		Clearwater Beach, FL 33762	☐ Change
MGR	Sharon John	11 San Marco St.	☐ Add
		Apt. 506	☒ Remove
		Clearwater Beach, FL 33762	☐ Change
MGRM	Sharon John	11 San Marco St.	☒ Add
		Apt. 506	☐ Remove
		Clearwater Beach, FL 33762	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2013 OCT -5 - 3
SOUTH WEST
INDIANA OFFICE

FILED	2018 OCT -5	PM 3 34
FALLS CHURCH, VIRGINIA		