

L12000041523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 MONKEYS INVESTMENTS, 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:

NADIA SPENCER, CPA
Name of Person

ORLANDO ACCOUNTING SOLUTIONS, LLC
Firm/Company

1650 SANDLAKE ROAD SUITE 115
Address

ORLANDO, FL 32809
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ED SCARGO at (731) 642232218 OR 407-948-5382
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

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

2 MONKEYS INVESTMENTS, 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 3/26/12 and assigned Florida document number L12000041523.

This amendment is submitted to amend the following:

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

XPO UNLIMITED GROUP LLC

The new name must be distinguishable and end with 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)

2481 PRINCIPAL ROW

SUITE 100

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2481 PRINCIPAL ROW

SUITE 100

ORLANDO, FL 32837

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:

ORLANDO ACCOUNTING SOLUTIONS, LLC

New Registered Office Address:

1650 SANDLAKE ROAD SUITE 115

Enter Florida street address

ORLANDO

City

Florida

32809

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ED SCARGO	2405 TIMBERLAKE DR	<input type="checkbox"/> Add
		ORLANDO FL 32806	<input checked="" type="checkbox"/> Remove
MGRM	ED SCARGO	2481 PRINCIPAL ROW SUITE 100	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

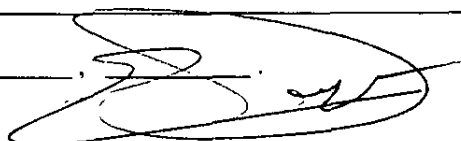
SECRETARY OF STATE
WILLIAM J. BARR
2013 SEP 23 11:17

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

Dated

9/18/13



Signature of a member or authorized representative of a member

ED SCARGO

Typed or printed name of signee

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Filing Fee: \$25.00

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