114000085506

(F	Requestor's Name)
	Address)
(P	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
([Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only



100306306921

12/15/17--01006--014 **25.00

18 JAN 10 PH 2: 12

K. SALY JAN 11 2018

COVER LETTER

TO:

Registration Section
Division of Corporations

XCD, ELC			
Sobster.	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Rick Arnold		
		Name of Person	
	XCD, LLC		1
		Firm/Company	
	Box 732		
		Address	i i
	Gotha Fl 34734		
	i l O manual man	City/State and Zip Code	
	rick@teamxed.com E-mail address: (to be used for future annual report notifi	cation)
or further information of	concerning this matter, please c	all:	ı
ick Arnold		407 578-9607 at ()	
Name (of Person	Area Code Daytime	Telephone Number
closed is a check for t	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DIVISION OF CORPORATIONS

18 JAN 10 PM 2: 12

XCD, 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 Compa	any were filed on 05/28/2014	and assigned
Florida document number L14000085506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		1
3. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		s. enter the name of the new
New Registered Office Address:		
	Enter Florida street addre	SS
	City F	lorida Zip Code
ew Registered Agent's Signature, if changing Registered Age	ent:	zyr Cone
hereby accept the appointment as registered agent and a rovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent a ring filed to merely reflect a change in the registered off ampany has been notified in writing of this change.	ete performance of my duties, a as provided for in Chapter 605,	nd'l am familiar with and F.S. Or, if this document is tat the limited liability
	Summering receivers to regent, signature	WALLES INCREMENTED WASHING

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
MGR	Jeffrey Grant	4146 Anissa Ave	
		Orlando Fl 32814	□ Remove
			☐ Change
			□ Add
			Remove
			18 TAN 10 Add H 2: 10 Remove 2
			□ Add PH 2:
			Remove 2
			□ Change
			
			L) Remove
			□ Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

	•					
· · · · · · · · · · · · · · · · · · ·	 -			-		
					:	8 N.S.
						18 JAN
						10 Sec. Co.
						- P
					1	
					 ==	
						_
	· · · · · · · · · · · · · · · · · · ·			_		
					1	
		<u></u>				
					•	
					_	
		<u> </u>				
		-			<u> </u>	
						
		_			t	
ective date, if other	than the date o	of filing:			(optional)	
r effective date is listed, th	ie date must be spe	cific and cannot be	prior to date of fili	ng or more than 90	days after filing.) I	Pursuant to 605.0207 (
te: If the date inserted cument's effective date	on the Departme	es not meet the a	ipplicable statutor cords.	y tuing requirem	ents, this date w	ill not be listed as the
					,	
record specifies a	delay ed o ffec	tive date, bu	it not an effec	tive time, at :	12:01 a.m. o	n the earlier of:
he 90th day after	the record is	filed.	$\overline{}$			
7-13		2017				
ted			<u> </u>			
	/		7			
		ure of 5 member o	authorized represe	ntative of a member	er :	
	Signatu	Me to a metallical to			1	
		ac or a medacer o	•		1	
Richard Arnol			printed name of sig		i ļ	

Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2017

XCD, LLC RICK ARNOLD P.O. BOX 732 GOTHA, FL 34734

SUBJECT: XCD, LLC

Ref. Number: L14000085506

We have received your document for XCD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00025510

RECEIVED
JAN 1 1 2018