## LHUU133411

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: XPI.CI	t Movem ent P Name of Limi	ent A Cur LL C ted Liability Company	
	Amendment and fee(s) are subrandence concerning this matter t	<del>-</del>	
	ELICIU Hen	Name of Person	
	xplicit Mov	CMCUT PENT (1 Firm/Company	CUT LLC
	P.O. BOX 5900	32	
	Ft. Lauderdalle		
	Courtery Singh 31		
	<u> </u>	City/State and Zip Code	
	· Courtney Singh	That General Com	
	E-mail address: (t	o be used for future annual report notific	cation) Zu 2
For further information co	oncerning this matter, please ca	11:	
ELICIA HOU	u, H	at (717) 706-7	955 ST Telephone NumBer
Name o	f Person		Telephone Numbers
Enclosed is a check for th	ne following amount:		<b>₩</b> 5
₩ \$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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	L

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

<u>...</u>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears o iability Company)	n our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>LI4 000133</u>		were filed on <u>\\</u>	12612014	and assigned	i
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
XPLCI+ MOVEMENT LLC The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the design	gnation "LLC" or the	abbreviation "L.L.C."	· <del></del>
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		1225 Seav FL 33068	iew drive	Morth Loud	<u>crd</u> uit
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <u>0X)</u>	P.O. Box		- 33 59	
B. If amending the registered agent and/o registered agent and/or the new registered off			ur records Ente	r, the name of the	ie new
Name of New Registered Agent:	ELicia	Hewitt	<u> </u>	> F3	
New Registered Office Address:	1225 Segu	Enter Florida	Non Fa	Azrdule	
	NOTTH LOW	<u>Uerdale</u> City	, Florida _	33068 Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

volicitanovement

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	Address	Type of Action
AMBR	ELicia Hewitt	# 5048 island club drive	Add
		Tamary C FL 35314	Remove
			Change
AMBR	Courtney Sinsh	1226 Seaview drive N. Lucuerdale R. 33008	C Add
			□ Remove
			Change
MGR	ELICIA Hewit	1225 Seavieu Unive N. Landerdate FL-3	Add
			Remove
			Change
		TATELY TATELY	□ Add
		ASSET	_ □ Change
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