

LP000100926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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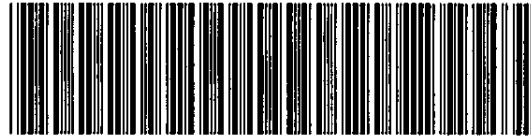
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 22 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XTEAK ON WHEELS 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:

DOMINGO CARBALLO SANTOS

Name of Person

XTEAK ON WHEELS LLC

Firm/Company

4901 SUNBEAM RD APT 420

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

*mingui68Lv@gmail.com*

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIAN RUIZ

786 247-7009  
at ( ) Daytime Telephone Number

Name of Person

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

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

XTEAK ON WHEELS 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 06/09/2015 and assigned  
Florida document number L15000100926.

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:**

4901 SUNBEAM RD APT 420

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE, FL 32257

**Enter new mailing address, if applicable:**

4901 SUNBEAM RD APT 420

**(Mailing address MAY BE A POST OFFICE BOX)**

JACKSONVILLE, FL 32257

**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:

DOMINGO CARBALLO SANTOS

New Registered Office Address:

4901 SUNBEAM RD APT 420

*Enter Florida street address*

JACKSONVILLE

, Florida 32257

*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>
MGR	FABIAN RUIZ	16620 SW 44TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOMINGO CARBALLO SANTO	4901 SUNBEAM RD APT 420	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUMEY VALLADARES-PUERTO	4901 SUNBEAM RD APT 420	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated** \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Domingo Corbella Lora  
Typed or printed name of signee

Typed or printed name of signee