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(Req	uestor's Name)	
(Add	ress)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: X TEAK Name of	ON Wheels L	LC_
The enclosed Articles of Amendment and feets) are	submitted for filing.	
Please return all correspondence concerning this ma	ntter to the following:	
	VALLADARE 5 - Po	
X TEA	Firm Company	<u>LC</u>
4901	Firm Company  SUNDEAM ROAG	d. ApT 420
JACK.	SONVIlle FL 322	257
# Minguile	SONVILLE FL 322 City/State and Zip Code LV @ 9Mail. COM city State and Zip Code SLV @ 9Mail. COM	<u> </u>
For further information concerns this acress along	. = 411.	
Luney VAIIAdARE.	$\frac{5}{3} = \frac{700R}{305} = \frac{331}{3}$	3327
Name of Person	Area Code Daytime Telepi	none Number
Enclosed is a check for the following amount:		
Vi \$25 00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	F .
XTEAK ON W	theels LLC
(A Florida Limited Lia	lability Company)
The Articles of Organization for this Limited Liability Company w	were filed on
Florida document number <u>L 15008 10 0 92</u> 6	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ility company here:
he new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "L.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9850 SAN JOSE BIVO #.
Principal office address MUST BE A STREET ADDRESS)	JACKSONVIlle FC
	32257
Enter new mailing address, if applicable:	9850 SAN Jose BLVd #1 JACKSONVIlle FL
Mailing address MAY BE A POST OFFICE BON)	32257:
	38937.
<ol> <li>If amending the registered agent and/or registered office adegent and/or the new registered office address here:</li> </ol>	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

BO JAN L PA 5: 58

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
		<del></del>	□Add
			□Remove
		□Add	
			□Remove
			☐ Change
<del></del>			□Add
			□Remove
			☐Change
		□Add	
		□Remove	
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			□Remove

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Note:	The date, if other than the date of filing: \( \lambda \lambda \lambda \lambda \frac{\lambda \lambda \lambda \lambda \lambda \lambda \lambda \text{ filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
e record rd is file	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 d.
	01/10/2020 2020
Dated _	2N 11 1
Dated _	Hallodos Signature of a member or authorized representative of a member

Filing Fee: \$25.00