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. (Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, TLOSIDA

APR 2 7 2016 S. YOUNG

## **COVER LETTER**

Division of Corpor				
SUBJECT: Xper	+ Asset M	anagement		
	Name of Lim	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Keniya	Name of Person		
		Asset Manage	ment	<b>57.0</b>
		• •		SEURETARY OF FLORIDA ALLAHASSEE, FLORIDA 16 APR 26 PM 3: 27
	912 0	Ellicott St		Ä N N N N
	<u> </u>	Address		6 P
	· ampa f	City/State and Zip Code  gmail.COm to be dised for future annual report notifica		FE. FLORIDA 6 PH 3: 27
	Va. La 16	City/State and Zip Code		.2 影
-	E-mail address:	9 9 Mail - CUM to be used for future annual report notifica	tion)	?;;*,
For further information conc		•	,	
,	_	at (813) 335-2 Area Code Daytime To	2765	
Name of Pe	rson	Area Code Daytime To	elephone Number	
Enclosed is a check for the fo	ollowing 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 Stat Certified Copy (additional copy is end	tus &
<b>MAILIN</b> Registratio	G ADDRESS: on Section	STREET/COURIER Registration Section	t ADDRESS:	

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xpert As	set Management
(Name of the Limited Liability (A Florida L	Company as it now appears on dur records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L/60006608</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	
	APR AHAS
Enter new mailing address, if applicable:	26 26
Mailing address MAY BE A POST OFFICE BOX)	PH
	မှ ြ
	27
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of thess here:</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMBR</u>	Xeniya McBroom	912 E Ellicott St. Tampas 3360	Add ?
			Remove
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te: If the date inserted in the	the date of filing:  e must be specific and cannot be prior to d is block does not meet the applicable he Department of State's records.	(op late of filing or more than 90 days al e statutory filing requirements, t	otional) fter filing.) Pursuant to 605.02( this date will not be listed a
record specifies a del he 90th day after the	ayed effective date, but not a record is filed.	n effective time, at 12:01	l a.m. on the earlier o
ted 4/19/16	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	0	
	Signature of anyember or authorized Neniya McB. Typed or printed no	od representative of a member	

Page 3 of 3

Filing Fee: \$25.00