

L16000077477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

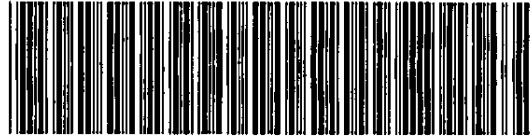
(Business Entity Name)

(Document Number)

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2016 AUG 12 A 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 15 2016  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XR ENTERPRISES 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:

ANTONIO DAVID LOPEZ

Name of Person

XR ENTERPRISES LLC

Firm/Company

1539 LOCH AVICH RD

Address

WINTER GARDEN, FLA 34787

City/State and Zip Code

JLOPEZ196981@GMAIL.COM

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

For further information concerning this matter, please call:

LAZARO LOPEZ

Name of Person

at (407) 516-2001

Area Code

Daytime Telephone Number

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

SECRET  
OFFICE OF THE  
TALLAHASSEE  
FLORIDA

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

**XR ENTERPRISES 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 04/19/2016 and assigned Florida document number L16000077477

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

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

1539 LOCH AVICH RD  
WINTER GARDEN, FLA 34787

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

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

1539 LOCH AVICH RD  
WINTER GARDEN, FLA 34787

**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:**

CLARA BAEZ

**New Registered Office Address:**

1539 LOCH AVICH RD  
Enter Florida street address  
WINTER GARDEN, Florida 34787  
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>
<u>MGR</u>	<u>LAZARO LOPEZ</u>	<u>1802 LITTLE SPRING HILL DR</u>	<input type="checkbox"/> Add
		<u>OCLOEE, FLA 34761</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ANTONIO DAVID LOPEZ</u>	<u>1539 LOCH AVICH RD</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FLA 34787</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Change

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20th AUG 2 11:00  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2018 AUG 12 A 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 9<sup>th</sup>, 2016

Antonio Lopez

Signature of a member or authorized representative of a member

ANTONIO DAVID LOPEZ

Typed or printed name of signee