## 116000092047

(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		s of Status
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Special Instructions to	Filing Officer:	

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K. SALY MAR 27 2017

## **COVER LETTER**

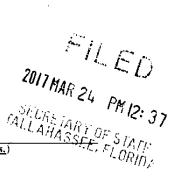
TO:		ation Secti n of Corpo		* The state of the	
CHDIE		ENTRYX, 1			
SUBJE	.CI:		Name of Limite	d Liability Company	
The end	closed Ar	ticles of An	nendment and fee(s) are submi	tted for filing.	
Please i	return all	correspond	ence concerning this matter to	the following:	
			Claudia Feito		
				Name of Person	<del></del>
			XENTRYX, LLC		
				Firm/Company	
			110 SE 6TH ST., SUITE 170	00	
				Address	
			FORT LAUDERDALE, FL	33301	
				City/State and Zip Code	···
			support@xentryx.com	be used for future annual report no	difference)
D (	.1	.•			(meanon)
For fur	ther into	rmation con	cerning this matter, please call	:	
Claudi	ia Feito			954 6843136 at ()	
		Name of P	erson	Area Code Dayti	me Telephone Number
Enclose	ed is a ch	eck for the	following amount:		
<b>S</b> \$2:	5.00 Filir	ng 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



XENTRYX, 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 L	Liability Company were filed on $\frac{05/1}{2}$	1/2016 and assigned
Florida document number L16000092047	·	
This amendment is submitted to amend the foll	lowing:	
A. If amending name, <u>enter the new name c</u>	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	<u>-</u>	
B. If amending the registered agent and		our records, enter the name of the ne
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:		
New Registered Office Address:	110 SE 6TH ST., SUITE 1700	
		la street address
	FORT LAUDERDALE	, <b>Florida</b> 33301 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing		

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:  MGR = Manager AMBR = Authorized Member		<b>9</b>	Address Address of the title, halfe, and address of each person being a series of the control of			
			2017 MAD -			
<u>Title</u>	<u>Name</u>	Address	IALLAHASSEE. FLORID.	Type of Action		
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E. ESI (if a	ective date, if other than the date of filing:(optional) 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.	.020
No	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
doe	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er o
(b) 1	he 90th day after the record is filed.	
Da	ed March 19 2017	
	~ <del>_ / \</del>	
	1 110111	
	/ /: W V	
	Signature of a member or antiportized representative of a member	
	Signature of a member or authorized representative of a member  Claudia Feito	

Page 3 of 3

Filing Fee: \$25.00