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(Document Number)
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COVER LETTER

TO:	Registration Sectorial Division of Corporate C			,				
		E OF THE PALM BEACHES	suc					
SUBJE	CT:							
		mendment and fee(s) are sub-	_					
		ALEJANDRO GIRALDO						
			Name of Person		······································			
		10X COFFEE OF THE PA	LM BEACHES LLC					
		.	Firm/Company					
		3934 VICTORIA DRIVE				, F		
			Address					
		WEST PALM BEACH FL	33406			要が		
		VICTORIAG@DMBUSIN	City/State and Zip Code ESSSERVICE.COM			THAN 30 PH		
		E-mail address: (t	o be used for future annual rep	ort notification)		2: 26		
For fur	ther information cor	ncerning this matter, please ca	u l:			26		
ALEJA	ANDRO GIRALDO		561 51623	375				
	Name of I	Person		Daytime Telephone N	lumber			
Enclose	ed is a check for the	following amount:						
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Ce ed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)			
		IG ADDRESS:	STREET C	OURIER ADDRE	SS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10X COFFEE OF THE PALM BE					
Name of the Lim	tted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	1		
The Articles of Organization for this Limited I	Liability Compar	ny were filed on	and assigned		
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited lis	ability company here:			
10X ENTERPRISES LLC					
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)	 	= FEER		
Enter new mailing address, if applicable:		N/A	第 30		
(Mailing address MAY BE A POST OFFICE	E BOX)		P		
					
			2: 03/10 2: 2:		
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new		
Name of New Registered Agent:	ЖA				
New Registered Office Address:	N/A	•			
The state of the s	-	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 = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** N/A N/A N/A _□ Add _□ Remove _□ Change _□ Remove ☐ Change _□ Add □ Remove _ Change _□ Add _□ Remove _ Change _□ Add _□ Remove _ Change _ Add □ Remove

☐ Change

N/A	<u> </u>			
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be pric block does not meet the appli	or to date of filing or more thicable statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not	t to 605.020 be listed a
e record specifies a delay The 90th day after the re		ot an effective time	, at 12:01 a.m. on the	earlier
03/24	2017			
rated		 .		
- E	Signature of a member or aut	horized representative of a	member	
	LDO			

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Filing Fee: \$25.00