

L16000109123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

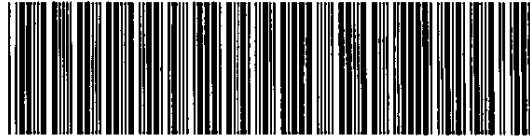
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600287514306

FILED  
16 JUL -5 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/06/16--01005--023 \*\*25.00

FILED  
2016 JUL -5 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Xi Homes, 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:

Christopher Wilson  
\_\_\_\_\_  
Name of Person

Xi Homes, LLC  
\_\_\_\_\_  
Firm/Company

2511 NW 115th Avenue  
\_\_\_\_\_  
Address

Coral Springs, FL 33065  
\_\_\_\_\_  
City/State and Zip Code

contact@xirealestate.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Wilson  
\_\_\_\_\_  
Name of Person

954 324-7754  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Xi Homes, 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 6/6/16 and assigned Florida document number LI6000109123.

This amendment is submitted to amend the following:

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

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)**

7579 NW 79th Avenue

Tamarac, FL 33321

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

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

PO Box 770392

Coral Springs, FL 33077

FILED  
16 JUL -5 AM 10:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Xi Real Estate, Inc.	7579 NW 79th Ave	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANI WILSON	7579 NW 79th Ave	<input type="checkbox"/> Add
		Tamarac, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANI WILSON	2511 NW 115 <sup>th</sup> AVE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STORING  
TALLAHASSEE, FLORIDA  
ID: 30

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

**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 July 1, 2016

Signature of a member or authorized representative of a member

Christopher Wilson

SHANI WILSON

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA