L170000763660

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J. HARRIE

COVER LETTER

	istration Sec ision of Corp			
enderer.	XIAN SOLU	UTIONS LLC	·	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Ron Gregory		
			Name of Person	
			Firm/Company	
		3801 Park Street North, St	uite #4	
		St. Petersburg, Florida, 33	Address	
			City/State and Zip Code	
		rgregory@gregorylaw.net		
For further in	nformation co	i;-mail address; (oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Ron Gregory			727 374-9200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

XIAN SOLUTIONS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary Grant $\frac{1.17000076366}{1.17000076366}$	ompany were filed on April 05, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	nted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
		7 41
		70 ···
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		32 3
Maning manices MITI BETT TOOL OF THEE DOTY		•
		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the
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>	Address	Type of Action
MGR	Izabel Hessemann		
			■ Remove
			Change
MGR	Izabel D. Oliveira		= Add
			Change
			Remove
			Change
			□ Remove
			Change
			
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Filing Fee: S25.00