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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Xelltron 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:	
Osé Francisco Name of Person	
Xelltron LLC Firm/Company	
16056 Magnolia Hill St. Address	
Clermont, FL 34714  City/State and Zip Code  Xelltron@ ATT. Det	
Kell tron@ ATT, Det  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  at (9(9) 518-3663  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xelltro	on llc	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL 170001445 \].	were filed on 07/05/	2017 and assigned
This amendment is submitted to amend the following:		9. 1
A. If amending name, enter the new name of the limited liab		F12 17 JUL 28 19 JUL 28
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation:"L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		PH 2: 25
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
		<b>.</b>
	, Floric	Ia Zip Code
New Begistered Agent's Signature if changing Begistered Agent.		

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 Name **Address Type of Action** José Francisco 16056 Magnolia Hill St. WAdd MGR clermont FL 34714 ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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i effe <u>te:</u>	ve date, if other than the date of filing: 07 16 2017 (optional) certive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ed_	07/16/2017
	ocet co
	Signsture of a member or authorized representative of a member

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Filing Fee: \$25.00