

217000210771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

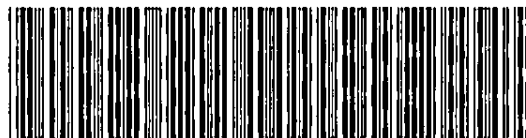
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2021 OCT 25 PM 5:44  
Filing Office  
Filing Office

BRUCE  
NOV 03 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Xterior Experts 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:

Rolando Calderin  
Name of Person

\_\_\_\_\_  
Firm/Company

85 Birchwood Dr.  
Address

Palm Coast, FL 32137  
City/State and Zip Code

Rcalderin91@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rolando Calderin at (386) 237-7531  
Name of Person Area Code Daytime Telephone Number

2021 OCT 25 PM 5:44

FILED

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Xterior Experts LLC

**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>
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MMGR	Rolando Calderin	_____	<input type="checkbox"/> Add
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		85 Birchwood Dr Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
--	--	-------	---------------------------------

MMGR	Jaime A Acosta	17 Poinciana Ln Palm Coast FL 32144	<input checked="" type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
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TALLAHASSEE COUNTY  
2021 OCT 23 3:04 PM  
CLERK OF COURT

2021 OCT 25 PM 5:44  
TALLAHASSEE, FL

2021 OCT 25 PM 5:44  
TALLAHASSEE, FL

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.

  
Signature of a member or authorized representative of a member

Rolando Calderin  
Typed or printed name of signee