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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section

TO:

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	. 20
E-mail address: (to be used for future annual report notification))21 OST
For further information concerning this matter, please call:	77 25 P
Rolando Calderin at (3811) 237 - 7531 Name of Person Area Code Daytime Telephone Number	. 18 F. Varanov ez F. L. Vara
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X +e r 10r - X	Company as it now appears on ou	r records.)
(A Florida I	Limited Liability Company)	1
The Articles of Organization for this Limited Liability Co	ompany were filed on	11 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designar	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	78 DOT
Enter new mailing address, if applicable:		25 PH
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
		, Florida
	and the following: we name of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." s. if applicable: A STREET ADDRESS) ilicable: OFFICE BOX) and and/or registered office address on our records, enter the name of the new registered ffice address here: Agent: dress: Enter Florida street address	

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
MMGR	Rolando Calderin		🗆 Add
		95 Birchwood Dr. Palm Const. FL3	213 (TRemove
			□Change
<u>w</u> wGR	Jaime A Acosta	17 Poinciana Ln Palm Coast FL 32	INA 독Vqq
			□Remove
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ecord specifies a delaye is filed.	ed effective date, but no	ot an effective time.	, at 12:01 a.m. on the	e earlier of: (b)	The 90t	h day afte	er the
· October	r 21	<u>, 2021</u>					
ted <u>UCTODE</u>							
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