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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: XY7 Calchol	LLC
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	he following:
alex Br	Name of Person
2520 Cov	Firm/Company #2110
	Address
Miami, Fl	City/State and Zip Code
E-mail adoless: (to be	c used for future annual aport notification)
For further information concerning this matter, please call:	
Mex Brandon	11308, 425-996H
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
¥ \$25.00 Filing Fee	□ \$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:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Buildin ģ
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XYZ (ûp, tol L)	
(Name of the Limited Liability Compan (A Florida Limited Lia	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company we Florida document number \(\sqrt{10002685}\) This amendment is submitted to amend the following:	were filed on 11 102 2017 and assigned
A. If amending name, enter the new name of the limited liability	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	₹ ≥€
	JA FANCE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5
B. If amending the registered agent and/or registered offi 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
w Registered Agent's Signature, if changing Registered Agent:	
rereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete p cept the obligations of my position as registered agent as pr ng filed to merely reflect a change in the registered office a apany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed f	Authorized Person(s) authorized to m rom our records:	nanage, enter the titl	le, name, and address of each person being added
MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
NGR	Ryan Tyler	2520	Cova/way 2110 - Add
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Filing Fee: \$25.00