

18000024139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

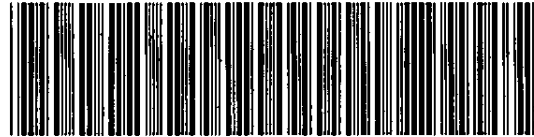
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500309459555

02/28/18--01012--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 28 PM 12:29

B FIGUEROA

MAR 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XPO RESTORATION 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:

ARACELIS CLAUDIO DIAZ

Name of Person

XPO RESORATION LLC

Firm/Company

290 NW PEACOCK BLVD SUITE # 881493

Address

PORT ST LUCIE FL 34988

City/State and Zip Code

XPOREST@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARACELIS CLAUDIO DIAZ

561 529-0370
at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XPO RESTORATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 26, 2018 and assigned
Florida document number L18000024139.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

290 NW PEACOCK BLVD SUITE # 881493

PORT ST LUCIE FL 34988

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

290 NW PEACOCK BLVD SUITE # 881493

PORT ST LUCIE FL 34988

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 28 PM 12:29

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|------------------------|---|
| MGR | ARACELIS CLAUDIO DIAZ | 402 SW RUFFNER CT | <input checked="" type="checkbox"/> Add |
| | | PORT ST LUCIE FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ELVIRA A MONTALVO | 402 SW RUFFNER CT | <input checked="" type="checkbox"/> Add |
| | | PORT ST LUCIE FL 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LIZETTE RIVERA | 1711 RIDGEWOOD ST | <input checked="" type="checkbox"/> Add |
| | | POR ST LUCIE FL 34952 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LOURDES ROMAN | 1307 LEXINGTON SQ SW | <input checked="" type="checkbox"/> Add |
| | | VERO BEACH FL 32962 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 28 PM 12:29
Remove
Change
Add
Remove
Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 26, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 28 PM 12:29