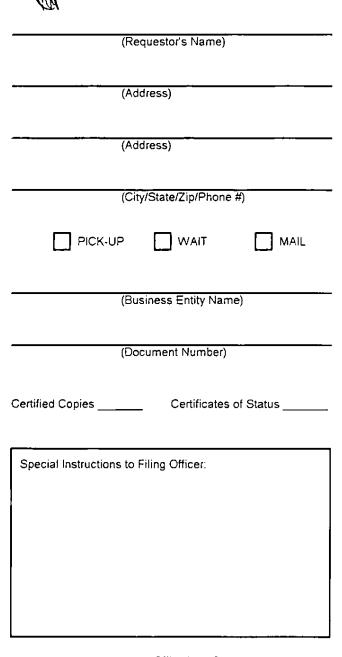
L18000112795

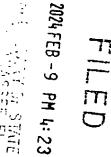






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02/09/24--01026--014 **60.00



COVER LETTER

TO: Registration Se Division of Con			£
CUDIFICT.	Murral Dall	n	
SUBJECT:	Name of Lim	ited Liability Company	, <u>aan</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victoria	- Crumbley Name of Person	
		Firm/Company	
	783 S∞n	Christopher Dr.	J 75A
	Dunedin	FL 34698 City/State and Zip Code	
For further information of	concerning this matter, please c	ed Liability Company nitted for filing. the following: Crumbley Name of Person Firm/Company Christopher Dr., APT (Address FL. 344.98 City/State and Zip Code 2.29 gm. Com obe used for future annual report notification) II: at (727) 251 - 2055 Area Code Daytime Telephone Number S555.00 Filing Fee & Certified Copy fadditional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Victoria (Crumbley of Person	at (<u>727</u>) <u>251 - 7</u> Area Code Daytim	2055 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			ction
Division of C		Division of Cor	porations
P.O. Box 632			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000112795</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :
Resource Xec Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· 2
(Principal office address MUST BE A STREET ADDRESS)		24 FI
		<u> </u>
		27. 0
Enter new mailing address, if applicable:		7.C. P [1]
(Mailing address MAY BE A POST OFFICE BOX)	E A POST OFFICE BOX)	
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our i	records, enter the name of the new registered
New Registered Office Address:	E et en Et	orida street address
	Enter Fin	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
If Chan	nging Registered A	gent, 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>	Name	Address	Type of Action
			🗆 Add
			□ Петоче
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Rеточе
			□Change
			□Add
			□ Rеточе
			☐ Change
			□Add
		.	□Remove
			Change

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<u>te:</u> lí	e date, if other than the date of filing:
ecord is file	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 d.
ed _	February 05 . 2024.

Filing Fee: \$25.00