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	egistration Sec vision of Corp			
cim irow	BWA COPC			
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Priscilla Ramos		
			Name of Person	
		7858 Turkey Lake Rd Suit	e 214	
			Firm/Company	·
		7858 Turkey Lake Rd Suit	e 214	
			Address	
		Orlando, FL 32819		
		 	City/State and Zip Code	
		priscilla@novaorlando.com		
			to be used for future annual report notification)	
For further	information co	ncerning this matter, please c	all:	
PRISCILL	A TELES RAM	1OS	321 2006144 at ()	
	Name of	Person	at () Area Code Daytime Teleph	one Number
Enclosed is	a check for the	e 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)
Re Di P.	ailing Address egistration So ivision of Co O. Box 6327 allahassee, Fl	ection prporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee rt, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BWA CORPORATE 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 $\frac{05/04/2018}{1}$ and assigned Florida document number _ L18000113506 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: X Brothers Corporate LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

_. Florida _

DocuSign Envelope ID: F886B886-3212-4AD3-B51A-96F7872E298C it amending Authorized rerson(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
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

 	
	
ffective date, if other than the da	late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must b ote: If the date inserted in this block	
an effective date is listed, the date must be total. If the date inserted in this block occument's effective date on the Department.	partment of State's records.
ote: If the date inserted in this block ocument's effective date on the Department.	
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ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective of is filed. March 11	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to 2024

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