L18000118990

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COVER LETTER

Division of Cor	porations		
PRIME LU SUBJECT:	X DRIVERS LLC		
30bJt.C1.	Name of Lim	ited Liability Compan	· ·
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter	_	
	ALINE CARVALHO		
		Name of Perso	n
	OAK TAX USA BUSINES	SS SOLUTIONS LL	С
		Firm/Company	
	1420 CELEBRATION BL	VD, STE 200	
		Address	
	CELEBRATION, FL, 347-	47	
	contact@oaktaxusa.com	City/State and Zip (Cixie
	E-mail address: ((to be used for future a	nnual report notification)
For further information co	oncerning this matter, please ca	dl:	
ALINE CARVALHO		407 at (Area Code	8612942
Name o	f Person	Area Code	Daytime Telephone Number

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	nrds.)	
The Articles of Organization for this Limited I L18000118990 Florida document number	Liability Company	were filed on ———————————————————————————————————		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
SL HOUSES LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbrevia	ition "L.L.C."
		18031 Biscayne Blvd Apt 1	504 3S	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE)		Aventura-FL 33160		
EFINCIPAL OFICE RUBIESS MOST BEASTRE	<u>ET ADDRESSI</u>	Aventura-12 33100		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	18031 Biscayne Blvd Apt 1	504 3S	
MARKINI SHALL BELLA VII VII VII PVII		Aventura-FL 33160		\$23 ST
			·, ·	. * • *
B. If amending the registered agent and/or agent and/or the new registered office ac		ddress on our records, ent	er the name of	ייג
	_			မှာ မှာ
Name of New Registered Agent:	OAK TAX US	A BUSINESS SOLUTIONS L	LC 31	63
New Registered Office Address:				
	1420 CELEBR	ATION BLVD, STE 200		-
		Enter Florida street ado	dress	
	CELEBRATIC	N	34747	
	0131310137171110	·	Florida	

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 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

Title	Name	Address	Type of Action
AMBR	DA SILVA ROCHA,RODRIGO	18031 Biscayne Blvd Apt 1504 3S	
		Aventura-FL 33160	□ Remove
			□Change
AMBR	QUEIROZ MARQUES, FABIO	18031 Biscayne Blvd Apt 1504 3S	□Add
		Aventura-FL 33160	□Remove
			—————————————————————————————————————
AMBR	MARQUES QUEIROZ, MARIELLE	18851 NE 29TH AVE - STE 717	🗆 Add
		AVENTURA, FL 33180	
			□Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove

CF	IANGE ADDRESS AND TITLE OF MEMBER FABIO
RE	MOVE MEMBER MARIELLE
_	
_	
_	
_	
	
_	
_	
_	
effec e: If	e date, if other than the date of filing:
ord : filed	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
ed _£	Rouda, September 04. 20,23
	Signature of a member or authorized representative of a member