## 11800165967

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TALL AHASSEE, FLORIDA

AUG 2 5 2018 T SCHROEDER

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJEC1:	DoubleXTh	ree LLC		
SOBJECT.		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Te'Jon Wilson		
			Name of Person	
		Doublek Tinee LLC		
			Firm/Company	
		11095 NW 30TH PL		
			Additos	
		Sunrise, FL 33312		
			City/State and Zip Code	
		Tejonwilson@gmail.com		
		h-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Te'Jon Wilso	n		954 643-7463 at ( )	
	Name o	Person	at ()	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Cortificate of Status	□ \$55.00 Filing Fee & Confiled Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Confidence of Status & Certified Copy (additional copy is enclosed)

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

TO: . Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double XThree LLC	
(Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on August 15, 2018 and assigned
Florida document number <u>L18000165967</u>	<b>O</b>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	8 T ?
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	8: 27 LORIUM
D. If amending the registered agent and/or registered vergistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nev</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	***
<del></del>	, Florida City Zip Code

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>	Type of Action
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record specifies a delaye	ad effective :	date but no	st an offecti	ve time at	12·01 a m	on th	م معدا	ior of
The 90th day after the re			it an enecu	ve time, at	12.01 a.m	. On th	e ean	iei oi
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	Signature of a	member or author	orized represent	ative of a memi	er			

Page 3 of 3

Filing Fee: \$25.00