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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

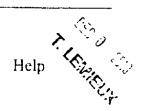
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: LONTROL @ ABK. CORP. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XJ GROUP LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu



·12/3.*2019 TO:18506176383 FROM:5612934213 12:44 PM Page: 3 COVER LETTER TO: Registration Section Division of Corporations XJ GROUP LLC SUBJECT: 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: JULIA TEDESCO Name of Person ACCOUNT BOOKKEEPING CORP Firm/Company 5301 CONROY ROAD SUITE 140 Address ORLANDO, FL 32811 City/State and Zip Code CONTROL@ABKCORP.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| JULIA TEDESCO | 407 | 898-1757 |
|----------------|-----------|--------------------------|
| | 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 Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| XJ GROUP LLC | | | | |
|--|---|-----------------|-----------------|--------------|
| (<u>Name of the Limited Lia</u> (A Flo | hility Company as it now appears on our recornda Limited Liability Company) | ·ds.) | | |
| The Articles of Organization for this Limited Liability | y Company were filed on 07/31/2018 | | _ and assigr | ned |
| Florida document number L18000183024 | | | | |
| This amendment is submitted to amend the following: | - | | | णास्त्र स |
| A. If amending name, enter the new name of the li | mited liability company here: | | - 330 | - j |
| | | ÷ | - TI | 77 |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLO | C" or the above | viation "L.L.C | |
| Enter new principal offices address, if applicable: | | | upp upp | |
| (Principal office address MUST BE A STREET ADI | DBECC | : | - 15 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here: | ed office address on our records, <u>enter</u> : | the name o | f the new re | gister |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street addres. | ۲ | | |
| | ri. | orida j | | |
| | City | | lip 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.

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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> | Address | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR | ANDRE A FERREIRA | 10271 AUSTRINA OAK LOOPWINTER | |
| | | GARDEN, FL 34787 | - |
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| 11 4111 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: |
| e reco rd is f | rd 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 fled. |
| Dates | 12.03.2019 |
| Date | |
| | |

Typed or printed name of signee