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Special Instructions to	Filing Officer:	
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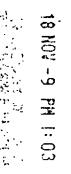
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: XOVAKER LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Barbara Constantinescu Name of Person	
Firm/Company	
1331 Caladesi Da.	
City/State and Rip Code Kova Kerll C @ amail. Com E-mail address: (to be used for future annual report notification)	
Kova Kerll C @ amail. COM V E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Barbara Constantines Cual (813), 841-5813 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount: Solution Soluti	

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as	it now appears on o	ur records.)			
The Articles of Organization for this Limited Liability Florida document number L 1800020	Company were 36 79	e filed on Aug	vst24,21	2 18 and a	ssigned	
This amendment is submitted to amend the following:			•			
A. If amending name, enter the new name of the li	mited liability	company here:				
The new name must be distinguishable and contain the words "L.	imited Liability C	ompany," the designa	tion "LLC" or the a	bbreviation "	L.L.C."	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	D <u>RESS)</u> _				•	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 - -			# 1	FILED	- - -
B. If amending the registered agent and/or registered agent and/or the new registered office as	gistered office <u>ddress here</u> :	address on our	records, <u>ente</u>	the nam	e of the	<u>new</u>
Name of New Registered Agent:				 		_
New Registered Office Address:		Enter Florida st	reet address			_
		City	Florida _	7int w		_
		City		zaprow	••	

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>		Address	Type of Action
MGR	Bruno	Constantinesco	1331 Caladesi De.	Add
			Wesley Chapel, F1.	Remove
			33544	Change
				☐ Remove
				□ Clunge
				Remove
				□ Change
	 			
				□ Remove
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				Change

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(If an effectiv <u>Note:</u> If the	e date, if other than the date of filing:	to 605,0207 (3) be listed as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ 0th day after the record is filed.	earlier of:
Dated	10/25 2018	
	Boutare Constatines are Signature of a member or authorized representative of a member	_
	Barbara Constantinescu Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00