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(Re	equestor's Name)	
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	ty/State/Zip/Phone	#/
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PICK-UP	☐ WAIT	MAIL
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(1)0	ocument Number)	
Certified Copies	_ Certificates	of Status
Canadal Instructions to	Filing Officer	
Special Instructions to	rning Onicer.	

Office Use Only



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## **COVER LETTER**

TO: Registration Division of C				
	TED XYZ LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	ELIO ROJAS			
		Name of Person		
		Firm/Company		
	340 W FLAGLER ST #32	208		
		Address		
	MIAMI, FL 33130			
		City/State and Zip Code		
	unedited.xyz@gmail.com			
For further information	E-mail address: ( n concerning this matter, please c	to be used for future annual report no all:	апсадов)	
ELIO ROJAS		901 6041031 at ( )		
Nam	e of Person		me Telephone Number	
Enclosed is a check fo	r 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 Add		Street Address:	At a m	
Registration	n Section Corporations		Registration Section Division of Corporations	
P.O. Box 6	•	The Centre of		
Tallahassee	e, FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

UNEDITED XYZ LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on o Liability Company)	sur records.)
ne Articles of Organization for this Limited Liability Company	were filed on OCT 03	, 2018 and assigned
orida document number L18000233905		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designs	tion "I.I.C" or the abbreviation "I.I.C."
	21150 POINT PLAC	
nter new principal offices address, if applicable:	MIAMIFL 33180	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, C 35100	
nter new mailing address, if applicable:	21150 POINT PLAC	E DR #1604
Mailing address MAY BE A POST OFFICE BOX)	MIAMI,FL 33180	
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our record	ds, enter the name of the new regis
Name of New Registered Agent: INES SHEER	0	
New Registered Office Address: 21150 POINT	PLACE DR #1604	
	Enter Florida st	reet address
MIAMI		, Florida <sup>33180</sup>
		Zip Code

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>	Name	Address	Type of Action
MR	ELIO ROJAS	340 W FLAGLER ST #3208	🗖 Add
		MIAMI, FL 33130	■Remove
			Change
			□ Add
			□Remove
			Change
		□ Add	
		□Remove	
			□Change
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		Remove	
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Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	DEC 05 2013
	: \

Filing Fee: \$25.00

Typed or printed name of signee