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9 AUG -5 AH 7: 06 SECRETARY OF STATE ALLAHASSEE, TLORIDA

AUG 10 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			4
SUBJE	NEC. LLC			
30001		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John Gray, Controller		
		Nymogen Inc.	Name of Person	
		6900 Kingspointe Parkway	Firm/Company	. <u> </u>
		Orlando, FL 32819	Address	
		john.gray@xymogen.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	all:	
John Gi	ray		407 722-8799 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XEC, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{118000260222}{1}$.	were filed on 11/8/2018 and assigned	d
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	10000000000000000000000000000000000000	
	Si 5 m	
Inter new mailing address, if applicable:	DE € O	
Mailing address MAY BE A POST OFFICE BOX)	55. :	
	07	
3. If amending the registered agent and/or registered o		he I
egistered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
Neur Danistanad Office Address		
New Registered Office Address:	Enter Florida street address	
	, 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

MGR = N	Manager		
	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
COO	Stephanie Blackburn	6900 Kingspointe Parkway Orlando, FL 32819	■ Add
			□ Remove
			Change
			
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
	•		□ Change
			□ Remove
			Change

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	date, if other than the date of filing: (optional)	
n effecti <u>te:</u> If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea oth day after the record is filed.	rlier
ed	1 J	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00