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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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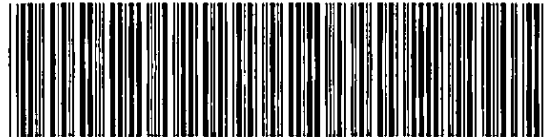
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 23 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERIDOT SOLUTIONS LLC
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:

JEREMY SCHROEDER
Name of Person
PERIDOT SOLUTIONS LLC
Firm/Company
20220 RAVENS END DR.
Address
TAMPA, FL 33647
City/State and Zip Code
jeremy.j.schroeder@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY SCHROEDER at 813 753-5351
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PERIDOT SOLUTIONS LLC

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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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>AMY SCHROEDER</u>	<u>20220 RAVENS END DR.</u> <u>TAMPA, FL 33647</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>JASON BRIZEK</u>	<u>- SAME AS ABOVE -</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>JON BARROW</u>	<u>- SAME AS ABOVE -</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>SOPHIA KIM</u>	<u>- SAME AS ABOVE -</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDING OWNERSHIP AND CONTRIBUTIONS :

- AMY SCHROEDER IS ADDED AS 10% OWNER.
- JASON BRIZEK IS ADDED AS 5% OWNER,
- JON BARROW IS ADDED AS 5% OWNER -
- SOPHIA KIM IS ADDED AS 5% OWNER.

- JEREMY SCHROEDER IS AMENDED TO 75% OWNER.
AND REMAINS THE ORGANIZER OF THE
LLC UNDER NEW NAME "XIPHOS GROUP LLC"
AND MAJORITY OWNER AND PRESIDENT/CEO.
- JEREMY SCHROEDER IS A SERVICE-DISABLED
VETERAN AND RETAINS 100% CONTROL OVER
THIS LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 6th 2019

Jeremy J. Schroeder
Signature of a member or authorized representative of a member

JEREMY J. SCHROEDER
Typed or printed name of signee