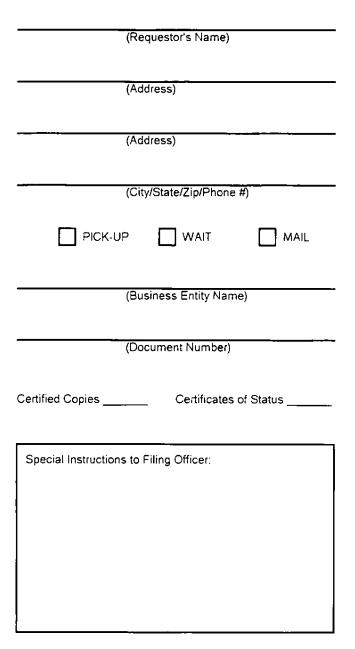
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Office Use Only





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SECTION AND SECTION

COVER LETTER

	istration Sec ision of Corp				
CUD IECT	XS PROS L			4	ė
SUBJECT:	<u> </u>	Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Jose Diaz			
			Name of Person		_
		XS Pros LLC			
			Firm/Company		_
		6875 W Flagler St. Unit 30	05		
			Address		
		Miami, FL 33144			
			City/State and Zip Code		-
		jdiaz@xsprosusa.com			
		E-mail address: (1	to be used for future annual report	notification)	
For further in	formation co	ncerning this matter, please ca	all:		
Jose Diaz			786 306-143	0	
	Name of	Person	Area Code Da	ytime Telephone Numb	er
Enclosed is a	check for the	e following amount:			
□ \$25.00 P	ïling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company)	<u>h</u>)			
Articles of Organization for this Limited Liability Company were filed on 12/04/2018 and assign ida document number L18000279538					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
XS PROS ELEVATOR SERVICES LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	6875 W. FLAGLER ST.	2024			
Principal office address MUST BE A STREET ADDRESS)	UNIT 305				
	MIAMI FL 33144				
Enter new mailing address, if applicable:	SAME	ASSET.			
Mailing address MAY BE A POST OFFICE BOX)		— 芦荟 选			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regi			
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

XS PROSTLC

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 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	ASHTON DIAZ	6875 W Flager St	= Add
		UNIT 305	_
		Miami, FL 33144	Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
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te: If the date inserted in	this block does not	meet the applica				
ument's effective date on	the Department of	State's records.				
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