# L19 000029271

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## **COVER LETTER**

SUBJECT:	XJS Holdings, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspondence	ondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings, LLC	
		Firm/Company	
	3 (	Greenway Plaza #1320	
	<del></del>	Address	······································
		Houston, Texas 77046	
		City/State and Zip Code	
		filings@swyftfilings.com	
	E-mail address: (	to be used for future annual report notit	ication)
for further information of	concerning this matter, please c	all:	
Sonia E	Becerra	at (877 ) 777-04 Area Code Daytine	50 e Telephone Number
Name o	of Person	Area Code Dayting	e Telephone Number
inclosed is a check for t	he 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 enclose

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

XJS Holding	gs, LLC								
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears lity Company)	on our <u>records.</u> )							
The Articles of Organization for this Limited Liability Company we	re filed on	01/28/2019	) <u> </u>	and assi	gned				
Florida document numberL19000029271									
This amendment is submitted to amend the following:									
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :							
he new name must be distinguishable and contain the words "Limited Liability (	Company," the des	signation "LLC" or th	e abbrevia	ition "L.L	C.''				
Enter new principal offices address, if applicable:	10723	Stonebridge Boul	evard						
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33498								
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33498								
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on	our records, <u>ent</u>	er the	name 2020 OCT	of the				
New Registered Office Address:					1				
	Enter Floria	la street address , Florida	SSEE. 1	PH 12:					
	City	, 1 132 164		p ( <b>tu)</b>	•				

#### 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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