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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Cor						
SUBJECT:	XJS HO	LDINGS, LLC				
		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Sonia Becerra				
		Name of Person Swyft Filings				
		Firm/Company	····			
	3 Greenway Plaza #1320					
		Address				
		Houston, TX 77046 City/State and Zip Code				
		afcoblin@aol.com				
	E-mail address: (to be used for future annual report o	otification)			
For further information c	oncerning this matter, please or	all:				
Sonia B		au ()	-0450			
Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check for ti	he following amount:					
52 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
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Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XIS HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/28/2019 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number ___L1900029271 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Adam Coblin Name of New Registered Agent: 10723 Stonebridge Boulevard New Registered Office Address: Enter Florido street address , Florida _

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.

X 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>	<u>Name</u>	Address	Type of Action
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cument	's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Jul 18th
ted	Signator of a member of authorized representative of a member
ted	

Flling Fee: \$25.00