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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	XXI CORKO MA	IRKETIME, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	IVAN	D. 70BON	
	A	Name of Person	
	Contract -	XXI CORKS MAR	CKETINGE LUC
		Firm/Company	
	199 E. F	LALER 57, #1	69
		Address	
	MIAM	11 FL 33131	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	evon etwent	YONECONYS. COM to be used for future annual rep	ort notification)
For further information of	concerning this matter, please co	all:	
TUAN	D. TOBON	at (706)	619.7177
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Addr	
Registration Division of C		Registratio	on Section f Corporations
P.O. Box 632			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XKI (ORKS MARKE		包 .
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
(
The Articles of Organization for this Limited Liability Comp	pany were filed on $02/21/2019$	and assigned
Florida document number <u>L1900044973</u>		and assigned
This amendment is submitted to amend the following:		6
A. If amending name, enter the new name of the limited	liability company here:	
XXI CORKS.	LLC.	
The new name must be distinguishable and contain the words "Limited I		reviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		-
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	199 E. FLACLER ST.	# 169
(Muiling address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City:	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

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Signature of a member or authorized representative of a member		Signature of a member or aut	horized representative of a memb	per