To:	Page	2	of	10	)

5/27/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001584893)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

: TAX ZONE INC.
: 120190000044
: (407)888-3131
: (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Idiaz 9019 @ gmail. Com

2020 11:17 28 ATT 10: 020 HAY 28 PH 1: 4 02 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALICE! XAAG SOLUTIONS LLC 0 Certificate of Status 0 Certified Copy 06 Page Count \$25.00 Estimated Charge

MAY 29 2020

Electronic Filing Menu Corporate Filing Menu

Help

MAY 29 2020

Page 5 of 10	20	020-05-28 16:39:30 (GMT) H200001584893	18884530509 From: Tex .
	(	COVER LETTER	
TO: Registration Se Division of Cor		<b>3</b>	
	LUTIONS LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE A DIAZ TORRES		
		Name of Person	
		Firm/Company	<u> </u>
	12116 CAROLINA WOO	DS LN	
	······		
	ORLANDO, FL 32824		
		City/State and Zip Code	
	DIAZ9019@GMAJL.COM	Vi (to be used for future annual report notif	leation)
For further information of	concerning this matter, please o		
JOSE A DIAZ TORRES	5	407 235-4772 at ()	
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
🖀 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor The Centre of T	porations
P.O. Box 63 Tallahassee,			e Street, Suite 810

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To:	Page	6	of	10	

2020-05-28 16:39:30 (GMT)

18884530509 From: Tax

H200001584893

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 28 MILLO OF

### XAAG SOLUTIONS LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed o	n <u>05/08/2019</u>	and assigned
Florida document number L19000124481		

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)				
Den ser e silier e delesse if opplicables	N/A			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>				

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:

Name of New Registered Agent:	<u>N/A</u>			
New Registered Office Address:	N/A			
New Registered Office Address.		Enter Florida stri	eet address	
			, Florida	
		City		Zip Code

### 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addee or removed from our records:

MGR = Manager AMBR = Authorized Member		2020 KAY 28 - AH 10: 04			
<u>Title</u>	Name	Address	Type of Action		
AMBR	YERITZA L SOTO	2367 SEDGE GRASS WAY	🖬 Add		
		ORLANDO, FL 32824	⊡Remove		
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D. If amending any other information, enter change(s) here: (Auach additional sheets? if necessary),

		- •	
	N/A		
-			
-			
-			
•			
		<u>.</u>	
fect	ive date, if other than the date of filing:	(optional)	
in ef ote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	0 days after filing.) Pursuant to 605 ments, this date will not be list	i.0207 ed as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after	r the

Dated	2020	
	Signature of a member crauthorized representative of a member	
JOSE A DIAZ TORR	ES Typed or printed name of signee	

H2000015B4893

· · ·

Filing Fee: \$25.00

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May 27, 2020

FLORIDA DEPARTMENT OF STATE Division of Comorations

XAAG SOLUTIONS LLC 12116 CAROLINA WOODS LN ORLANDO, FL 32824US

SUBJECT: XAAG SOLUTIONS LLC REF: L19000124481

We have received your document for XAAG SOLUTIONS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000155662 Letter Number: 720A00010521

P.O BOX 6327 - Tailahassee, Florida 32314