

To: +18506176383

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2021-09-13 12:16:14 GMT

13212340285

From: Miguel Romer

COVER LETTER

TO: **Registration Section Division of Corporations**

XAAG SOLUTIONS LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL ROMER

Name of Person

TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Firm/Company

3519 GRANDE RESERVE WAY APT 101

Address

ORLANDO FL 32837

City/State and Zip Code

TAXTRAINERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEP 13 FH 1: JOSE DIAZ 407 235-4772 al (______ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ភ៍ □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (auditional copy is enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florica Limited	any as it now appears on our rec	ords.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000124481	were filed on 05/08/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "E L.C."
Enter new principal offices address, if applicable:	8018 Sunport Dr Suite 204	
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL US 32809-8106	
Enter new mailing address, if applicable:	8018 Sunport Dr Suite 204	
Mailing address MAY BE A POST OFFICE BOX	Orlando FL US 32809-8106	;
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	address on our records, <u>ent</u> Enter Florido surcet add	
		Florida Zıp Code
		Llowida

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

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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

13212340285

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (Incessary.)

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E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (A)(b) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records,

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) - The 90th day after the record is filed.

AUGUST 15TH	2021	
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	Signature of a member of anthonized representative of a member	
JOSE DIAZ	Typed or primed name of signee	