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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	XCEL	llc	
	' Name of Limit	ted Liability Company	0
			20 823 25
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	ىن. م. تو
Please return all correspond	lence concerning this matter to	o the following:	۲
	Rey	Name of Person CELL LLC Firm/Company	<u></u>
	IUS SW	/ Nun Stre	et
	$\overline{}$	Address	
	tompano	Beach FL City/State and Zip Code	33060
	1xcell 33	o be used for hiture annual report notification	ion)
For further information con	ncerning this matter, please ca	11:	
Reyna Name of F	Escobedo	at (954) 422 - (Area Code Daytime Tel	O7O7 Icphone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 enclosed)
Mailing Address:		Street 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

0	F
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)
	10, 10
The Articles of Organization for this Limited Liability Company Florida document number <u>L 190001506</u> 01	were filed on 6/6/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	108 SW 15th Street
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 3:3061
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	108 SW 15th Street Pompano Beach, FL 33060
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 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>	Name	Address Pom Pano	Type of Action
MGR	DUSAN JAKSIC	Address PomPano 108 SW 15th St, FL 3	3060 MAdd
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<u>:e:</u>	date, if other than the date ive date is listed, the date must be specified in this block date inserted in this block date inserted on the Department of the	loes not meet the appli	cable statutory filing	(optiona ore than 90 days after filir g requirements, this da	l) g.) Pursuant to 605.020 c will not be listed a
cord s s filed.	pecifies a delayed effective date.	e, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
ed	7b 21	. 2020	<u>2</u> .		
	M	En-			
	Sign	ature of a member or auti	horized representative	of a member	
		Payna Es			