

L19000298842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

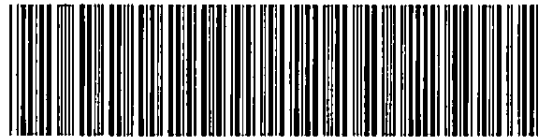
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SECRETARY
TALLAHASSEE

2023 APR 26 PM 1:11

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2023 APR 26 PM 4:53

SECRETARY

TALLAHASSEE
FLORIDA

COVER LETTER

Registration Section
Division of Corporations

CT: Xavier Touch LLC
Name of Limited Liability Company

closed Articles of Amendment and fee are submitted for filing.

Return all correspondence concerning this matter to the following:

Minton H Xavier
Name of Person

Firm Company

310 Cedar ST.
Address

Nephtune Beach FL 32266
City State and Zip Code

MintonX86@gmail.com
E-mail address: (to be used for annual report notification)

For information concerning this matter, please call:

Minton H. Xavier at (904) 609 9271
Name of Person Area Code Daytime Telephone Number

enclosed is a check for the following amount

☐ \$00 Filing Fee

☐ \$30.00 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:

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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 APR 26 PM 4:11
SECRETARY
TALLAHASSEE
FILED

Xavier Touch LLC

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

Articles of Organization for this Limited Liability Company were filed on 12/13/2019 and assigned
to document number L19000298842

Amendment is submitted to amend the following:

amending name, enter the new name of the limited liability company here:

Mint Touch LLC

Any name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

[illegible]

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Date 04/26/2023

Signature of a member or a duly authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00