L20 000 165 152

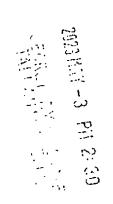
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	ui <i>ess)</i>	
(Cit	y/State/Zip/Phone	#)
	□ NA/AIT	□ MAU
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
(55	oamon nambon,	
		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
, i		
		1
L		

Office Use Only



300408011663

05/03/23--01013--029 **25.00



COVER LETTER

TO: Registration Se Division of Cor			.•
	ESTATES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Desmond A Bascombe Jr		
	······································	Name of Person	
	Xander Holdings, LLC		
	•	Firm/Company	三
	2271 SW 67th Way		ن ان در در ا
		Address	
	Miramar, FL 33023		
	 	City/State and Zip Code	
	Desmond.Bascombe@xand		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
Desmond A Bascombe J	lr	954 3325738 at ()	
Name o	of Person		ne 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XANDER ESTATES, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L20000165152	Company were filed on <u>06/15/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	25500 203120
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	or the abbreviation "L'.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	12:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	City	ida Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I furth	her 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>	<u>Address</u>	Type of Action
AMBR	Xander Holdings, LLC	2271 SW 67th Way, Miramar, FL 33023	= Add
			□Remove
			□Change
AMBR	Xander Investments, LLC	2271 SW 67th Way, Miramar, FL 33023	□Add
			Remove ☐ 23 ☐ ☐ Change
			ja 🕹
		. 3	· 23
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

						 			-			_
				····								_
		_										_
-										-	_	
-												_
										-		_
												_
		-									-	_
								<u>.</u>			<u>~~</u>	
		_								<u> </u>	0.0 	 . ,
											1 	_ `
												– , .
							_					_
		_										_
												_
												_
											-	
ffective	date. if ot	her than	the date o	f filing:					(opti	ional)		
an effect	e date, if ot ive date is list the date inse	ed, the date	must be spec	ific and c	annot be p	rior to date	of filing or	more than o	0 days afte	r filing.) P	ursuant to 6	05.020
	t's effective						atutory III	ing require	mems, m	is date w	iii iiot oe ii	isteu a:
record s Lis filed	specifies a de l.	elayed effe	ctive date, l	out not a	n effectiv	e time, at	12:01 a.n	n. on the ea	rlier of: (b) The	90th day at	fer the
Ap	pril 27th	1	\bigcirc		2023							
	711		1/2		-	·						

Filing Fee: \$25.00

Typed or printed name of signee