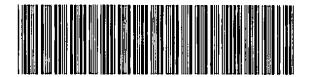
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corp			
SUBJECT: F	once-X, LL	C .	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christopher	Wan. f Shka	<u> </u>
	Address Oviedo FL Sard Walk Ave. Christ PL Sard Walk Ave. Address Oviedo FL Siny/State and Zip Code Christ Pher E-mail address: (to be used for future annual report notification) Are former plays in a check for the following amount:		
		Firm/Company	
	135 Board	walk Ave. Address	
	Oviedo, F	4 32765	
For further information co			
Christopher Name of	Wanitshka Person	at (<u>407)</u> <u>494 -</u> Area Code Daytimo	9499 Telephone Number
Enclosed is a check for the	e following amount:		
(M \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

Force-X,	Liability Company as it A Florida Limited Liability		
(<u>Name of the Limite</u>	d Liability Company as it A Florida Limited Liability	now appears on our or Company)	records.)
The Articles of Organization for this Limited Lia Florida document number <u>L 2000928</u>	ability Company were		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
X - For The new name must be distinguishable and contain the wo	•		
The new name must be distinguishable and contain the wo	ords "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	nble:	·	
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	~-	s on our records,	enter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
			Florida Zig.Code
		ity	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		1
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	er and complete perfo tered agent as provid egistered office addre	rmance of my duti led for in Chapter	es, and I am familia r with and 605, F.S. Or, if this to cument is
	If Changing R	egistered Agent, <u>Sign</u> :	iture 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>	Address	Type of Action
			□∧dd
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		_	□Change
			□Add
			□Remove
		☐ Change	
			□∧dd
			□Remove
			□Change

ii anienui	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an effectiv Note: If th	date, if other than the date of filing:
ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 26th 2021
	Signature of a member or authorized representative of a member
	Christopher Wanitshka, X-Force, LLC. Typed or printed name of signee