## LZ10000 21695

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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Certified Copies	Certificates e	of Status
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Special Instructions to	Filing Officer:	
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		4/28/21
		TM]

Office Use Only



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MOTIVATION OF ROISIAN

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: XL CAPIT	AL LLC		
	Name of Lim	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JULIANA CORREA		
		Name of Person	
	XI. CAPITAL LLC	Firm/Company	<u> </u>
	41 SE 5TH ST UNIT 1310	Address	
	MIAMI / FLORIDA 3313  L'ANA COLLEGE  E-mail address: (1)	City/State and Zip Code  b. pa w or w or to be used for future annual report noti	DM fication)
For further information c	oncerning this matter, please co	all:	
JULIANA CORREA Name o	f Person	at (305 ) 3192207 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Address Registration	Section	Street Address: Registration Se	
Division of C	orporations	Division of Cor	porations

P.O. Box 6327

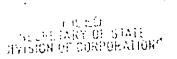
Registration Section

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -8 AM II: 52

XI. CAPITAL LLC

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

The Articles of Organization for this Limited Liability Comp	oany were filed on JANUARY 08 - 2021	and assigned
Florida document number <u>1.21000021695</u>		
This amendment is submitted to amend the following:	document number 1.21000021695  nendment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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

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21 HAR -8 AM II: Twine of Action

<u>Title</u>	<u>Name</u>	Address AMII:	Type of Action
AMBR_	MARIA BERMUDEZ	3610 LANDINGS WAY DR, TAMPA, FL 33624	<b>=</b> Add
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