

121 000031408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

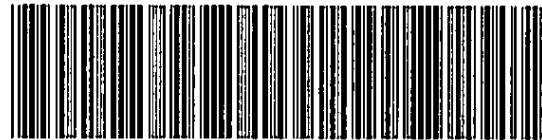
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/21--01010--012 **30.00

FILED

2022 JAN 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 12 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FL

December 20, 2021

ADAM BANDO
2110 W CHERRY STREET
TAMPA, FL 33607

SUBJECT: THE XCLUSIVE PROJECT STUDIOS LLC
Ref. Number: L21000031408

We have received your document for THE XCLUSIVE PROJECT STUDIOS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 821A00030667

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE XCLUSIVE PROJECT STUDIOS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM BANDO

Name of Person

THE XCLUSIVE PROJECT STUDIOS LLC

Firm/Company

2110 W CHERRY ST

Address

TAMPA, FL 33607

City/State and Zip Code

CONTACT@TXPSTUDIOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM BANDO

813 526-8195
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

FILED

2022 JAN 12 AM 10:00

THE XCLUSIVE PROJECT STUDIOS LLC

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

SECRETARY OF STATE
TAMPA, FL

The Articles of Organization for this Limited Liability Company were filed on 01/14/2021 and assigned
Florida document number L21000031408.

This amendment is submitted to amend the following:

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2110 W CHERRY ST

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607

Enter new mailing address, if applicable:

2110 W CHERRY ST

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33607

B. If 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:

ADAM BANDO

New Registered Office Address:

Enter Florida street address

TAMPA

City

Florida 33607

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Requesting to remove the following Registered Agent, address, and all associations from this LLC and LLC Detail: 

Name: BANDO, RACHEL

Address: 13132 N 22ND STREET TAMPA, FL 33612

Requesting to remove the following Authorized Person(s) Detail from this LLC:

Title: AR

Name: BANDO, RACHEL

Address: 13132 N 22ND STREET TAMPA, FL 33612

Requesting to remove the following addresses from LLC Detail in its entirety:

1312 N 22ND STREET TAMPA, FL 33612

21605 LIBERTY STREET, UNIT 305, LEXINGTON PARK, MD 20653

Requesting to amend LLC principal and mailing address to: 2110 WEST CHERRY STREET TAMPA, FL 33607

E. Effective date, if other than the date of filing: 21 December 2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

ADAM BANDO

Typed or printed name of signer