L21000085167

(Requestor's Name)
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PICK-UP WAIT MAIL
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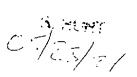
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COVER LETTER

TO: Registration Division of C	Section Corporations	
SUBJECT: XMART	I 101 AUTOMATION AND CONTROL LLC	
	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:	
	Marlon Ortiz Name of Person	
	Firm/Company	
	8834 Beacon Lakes Dr Apt 105 Address	
	Tampa, Florida - 33615	·
	Uny/State and Zip Code marlon.ortiz <i>a</i> outlook.com	: :
	E-mail address: (to be used for future annual report notification)	∑: I ₁ 2
For further information	n concerning this matter, please call:	
Marlon Ortiz	at (813) 9657955 e of Person Area Code Daytime Telephone Number	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy tadditional copy is enclosed) Certified Copy tadditional copy is enclosed.	Status & g

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XMART 101 AUTOMATION AND CONTROL 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 Company were filed on $\frac{02/19/2021}{1}$ and assigned Florida document number L21000085167 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XMART101 SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8834 Beacon Lakes Dr Apt 105 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8834 Beacon Lakes Dr Apt 105 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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> Name <u>Address</u> Type of Action ______ □ Remove _____ □Remove _____ DAdd _ □Remove ______ □Change _____ □Change _____ □Add _____ □Change _____ _ ____ __ ___ ___ __ ___ __ ___ ___ __ ___ ___ ___ ___ ___ ___ ___ ___ ___

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>ote:</u> 11-1	date, if other than the date of filing:
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ited	05/14 2024 yaytak
	Signature of a member of authorized representative of a member
	Morton Onic
	Marlon Ortiz. Typed or printed name of signee