

L21 000087009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

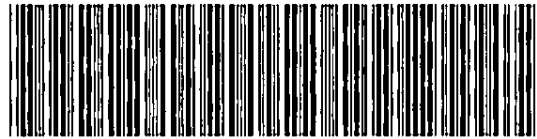
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2021 MAY 10 P 1:25

S.C.



RECEIVED

2021 MAY 10 AM 7:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 27, 2021

KAYLENE DUNCAN
15832 N.W. 122ND LANE
ALACHUA, FL 32615

SUBJECT: XALT INVESTMENT GROUP ENTERPRISE LLC
Ref. Number: L21000087009

We have received your document for XALT INVESTMENT GROUP ENTERPRISE LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Summer Chatham
OPS

Letter Number: 421A00008673

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xalt Investment Group Enterprise 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:

Kaylene Duncan
Name of Person

Xalt Investment Group Enterprise LLC
Firm/Company

15202 NW 147th Drive Suite 1200-112
Address

Alachua, FL 32615
City/State and Zip Code

xigellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaylene Duncan at (386) 852-9443
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32303

2021 MAY 10 PM 3:25
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Xalt Investment Group Enterprise 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 02/22/2021 and assigned Florida document number L21000087009.

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:

(Principal office address MUST BE A STREET ADDRESS)

15202NW147th Drive Suite 1200-112
Alachua FL 32615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15202NW147th Drive Suite 1200-112
Alachua, FL 32615

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

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 will accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. If the change being filed to merely reflect a change in the registered office address, I hereby confirm that the 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>	<u>Type of Action</u>
MGR	6 Cornelius Mackey	15832 NW 122nd Lane	<input checked="" type="checkbox"/> Add
		Alachua, FL 32615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Ch.
			<input type="checkbox"/> A:
			<input type="checkbox"/> R. iove
			<input type="checkbox"/> Change

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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.

Dated 02/22/2021, _____

KD

Kaylene Duncan

Typed or printed name of signee

2021 MAY 10 P 1:25

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