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(Re	equestor's Name)	
(Ad	Idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: J. HORNE	
	APR 1 3 202	22

Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Cor					
		BRAZIL,LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Cristiane D. Ventura				
		Name of Person			
	Excellence Virtual Admini	strative Services LLC			
		Firm/Company	 		
	564 Malabar Rd Unit 105				
		Address			
	Palm Bay, FL 32907				
	crisventura.evas@gmail.co	City/State and Zip Code			
	- -	to be used for future annual report notif	fication)		
For further information of	concerning this matter, please c	all:			
Cristiane D. Ventura		321 419-6041			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		Street Address: Registration Sec	ction		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•		
Tallahassee,			e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metal Brazil LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	ECR PECR	
The Articles of Organization for this Limited L	Liability Company	were filed on 03/01/2021	CRETAIN A assigned	
This amendment is submitted to amend the fol	lowing:		# 9: 54 □ 5: 54	
A. If amending name, enter the new name of	of the limited liab	ility company here:	"• •	
X1 BUSINESS ,LLC			•	
The new name must be distinguishable and contain the	words "Limited Liabii	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	271 Circle Dr		
(Principal office address MUST BE A STREET ADDR		Mailtland,FL 32751		
				
Enter new mailing address, if applicable:		271 Circle Dr		
(Mailing address MAY BE A POST OFFICE BOX)	BOX)	Mailtland.FL 32751		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent:	Excellence Virt	tual Administrative Services LLC		
New Registered Office Address:	564 Malabar Ro	J Unit 105		
		Enter Florida street addres	is	
	Palm Bay		orida <u>32907</u>	
		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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
,			□Add
		·····	
		 	□Change
			□ Add
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	02/1	5/2022		
ctive date, if other than the effective date is listed, the date in	ie date of filing:		g or more than 90 days at	tional) ter filing.) Pursuant to 605.02
e: If the date inserted in this iment's effective date on the			y filing requirements, t	his date will not be listed:
ord specifies a delayed effect filed.	ive date, but not an effi	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after th
March,15th	202.			
			ntative of a member	

Typed or printed name of signee