Division of Corporations

H250003329403



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(((H25000332940 3)))



H250003329403ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone

Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SEP 18 2025

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Tallahassee, FL 32314

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COVER LETTER

TO:	Registration Se Division of Cor			F125000.332	
cimic	XL Strateg	ic Information LLC			
SUBJEC	-1:	nited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn ali correspo	ondence concerning this matter	to the following:		
		Diego Cruz			
			Name of Person		
		ZenBusiness INC			
			Firm/Company		
		336 E. College Ave Suite	301		
			Address		
		Talluhassee, FL 32301			
			City/State and Zip Code		
	fulfillment@zenbusiness.com				
For furth	er information c	e-mail address: (oncerning this matter, please o	to be used for future annual report not all:	incanon)	
c/o ZenBusiness INC			\$44 493-6249 nt()		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
≣ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Cor			
		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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XL Strategic Information 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 2021-03-23 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." 9005 Garland Avenue Silver Spring, MD 20901 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9005 Garland Avenue Silver Spring, MD 20901 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 _, Florida ___

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

9/16/2025 3:28 PM 5125970678 \rightarrow 18506176383 pg 5 of 6 H25000332940 3 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	Address	Type of Action
MGR	Xavier Lee, Carla D	9005 Garland Avenue Silver Spring, MD 20901	🗆 Add
			□Remove
			Change
AMBR	Navier Lee, Carla D	9005 Garland Avenue Silver Spring, MID 20901	= Add
			⊔Remove
			UChange
AMBR	Daniel Denniston Lee	9005 Garland Avenue Silver Spring, MD 20901	' ≡ 'Add
		 	∐Remove
		···	Change
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			□Remove
			Change
			⊔Add
			URemove
			∐Change

H25000332940 3 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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 9/16 2025 Carla Denise Sigava Abreu de Jesus Xavier Lee /s/ Signature of a member or authorized representative of a member Carla Denise Sigava Abreu de Jesus Xavier Lee

Typed or printed name of signee