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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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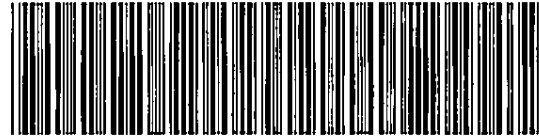
(Business Entity Name)

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TALLAHASSEE, FL

BRUCE
AUG 18 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XJ2K, 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:

Kristel Ruperez
Name of Person
XJ2K, LLC
Firm/Company
16251 NW 9th Dr.
Address
Pembroke Pines, FL 33028
City/State and Zip Code
Kristelreyes47@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristel Ruperez at (954) 253-5378
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

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

XJ2K, 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 4/9/21 and assigned Florida document number L21000164724.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kristel Ruperez
2880 SW 85th way
Davie, FL, 33328

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:

Xiomara Reyes

New Registered Office Address:

16251 NW 9th Dr.

Enter Florida street address

Pembroke Pines, FL

City

Florida

Zip Code

33028

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.

Xiomara Reyes
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>
<u>(MGR)</u>	<u>Kristel Ruperez</u>	<u>2880 SW 85th Way</u>	<input type="checkbox"/> Add
		<u>Davie, FL, 33328</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>(MGR)</u>	<u>Kristina Reyes</u>	<u>505 Via Del Oro Drive, Unit # 206</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL, 32714</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>(MGR)</u>	<u>Josiah Reyes</u>	<u>16251 NW 9th Drive</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines, FL, 33028</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>(MGR)</u>	<u>Xiomara Reyes</u>	<u>16251 NW 9th Drive</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines, FL, 33028</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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(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.

Dated August 4 2021


Signature of a member or authorized representative

Kristel Ruperez
Typed or printed name of signee