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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SURJECT: XC.	iste Media Za Name of Lim	°C	
30Bille 1 <u>A.(V</u>	Name of Lim	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:	
	<u>Xamer</u> Bud	Name of Person	
	Vannahe 1	lodia	
	Xquisite 1	Firm/Company	· -
	1205 Haripa	osa Ave, Apt 331	· · · · · · · · · · · · · · · · · · ·
		Address	
	Coral Gables	1/FL / 33146 City/State and Zip Code	
		cast media @ am to be used for future annual report not	
For further information c	E-mail address: (oncerning this matter, please c		ification)
,			
Xavier Buch	f Person	at (<u>516</u>) <u>943</u> Area Code Daytin	- 2 1/37 ne Telephone Number
Enclosed is a check for th	,		
☐ \$25.00 Filing Fee	SS \$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 Addres		Street Address:	
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xquiste Media IIC
(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 $\frac{06/09/2021}{4021}$ and assigned Florida document number $\frac{221000180498}{4000180498}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: \[\text{Yquisite} \text{Media} \text{LLC} \] 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)
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

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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Note: If the dat	if other than the is listed, the date meter inserted in this bective date on the l	block does not	it meet the app	licable statutory	g or more than 90 of filing requirem	_ (optional) days after filing.) P ents, this date wi	ursuant to 605.0207 If not be fisted as t
	es a delayed effecti	ive date, but n	not an effective	e time, at 12:01	a.m. on the earli	er of: (b) The 9	Oth day after the
e record specific rd is filed.							
rd is filed.	<u>09/2021</u>		_,	·			
rd is filed.	09/2021						
rd is filed.	09/2021	>. > Signature of	a member or au	thorized represer	itative of a membe	er	

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