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COVER LETTER

TO:				
	Morel Trans	sportation Solutions	ì	
SUBJI	ECT:	Name of Limi	ted Liability Company	·
Division of Corporations Morel Transportation Solutions SUBJECT: 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: Amauri Morel Name of Person Neess Concierge Solutions FirmtCompany 8570 Stirling Rd. Suite: 102 Address Hollywood, Fl. 33024 City/State and Zip Code Neesseoncierge@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amauri Morel 786 6122695 at (
Division of Corporations Morel Transportation Solutions SUBJECT: 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: Amauri Morel Name of Person Neess Concierge Solutions Firm/Company 8570 Stirling Rd. Suite: 102 Address Hollywood, Fl. 33024 City/State and Zap Code Neessconcierge@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amauri Morel Name of Person Tender of Person Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \$30.00 \text{ Filing Fee} & \$55.00 \text{ Filing Fee} & \$60.00 \text{ Filing Fee} & Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
		Amauri Morel		
			Name of Person	
		Neess Concierge Solutions		
			Firm/Company	
		8570 Stirling Rd. Suite: 102	!	
			Address	
		Hollywood, Fl. 33024		
			1	
		E-mail address: (t	o be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	d1:	
Amau	ri Morel		786 6122695	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Morel Transportation Solutions LLC

N - 11. E. 1. 2022 OCT 27 AM 8: 28

(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 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Xeess Concierge Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8570 Stirling Rd. Suite. 102
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, Florida 33024
Enter new mailing address, if applicable:	8570 Stirling Rd. Suite. 102
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, Florida 33024
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 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 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
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			□Change
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