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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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

mail Addre	s:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **XETAN LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xetan LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	- 	
The Articles of Organization for this Limited Liability Company Florida document number L21000195853	were filed on 04/27/21	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LIBERO OFFICE LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	obreviation "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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the <u>nan</u>	ne of the new 2022 HA	registered
Nume of the Wegitter Agent.		√ N	<u> </u>
New Registered Office Address:	Enter Florida street address	<u> </u>	
		AH	0 13€0
	, Florida	Zip Gode	
	Siy		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_heing added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗖 Add
			Remove
			🗆 Add
			□Remove
			□Change

			<u>.</u>	
				
				
				
	<u></u>			
Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this bloom	k does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pur- equirements, this date will	suant to 605 02 not be listed
document's effective date on the Dep	artment of State's record	is.		
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90t	th day after th
Dated May 25	. 2022	·		
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