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	Fig. 077	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:C	XUS RESOL	HONS LLC 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:		
	Lissa Voels	Name of Person		
		Fum/Company		
	2835 HV	nt-Club Lane		
	Orlando,		26	~ ÷
	Dios_(esolutions	City/State and Zip Code A C C C C C C C C C C C C C C C C C C	lestion (22 SEP 15
For further information c	concerning this matter, please co			F CRA
Name of	1 Scint Of Person	at (<u>HOH) 59</u> Area Code Daytime	3-3373 Telephone Number	1 2: 21
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12100371135	were filed on $08 19 2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	203) HINT JUB LANE
(Principal office address MUST BE A STREET ADDRESS)	() V(undo; +lorida 3/2826
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2835 Hurt Club LANE Oflando, Houdy 32894
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: 2635	HUNT CLUB LANE
DNar	Enter Florida street address Cuy Sup Code Zup Code
New Degistered Agent's Superture, if changing Registered Agent-	SE G

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complex with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and $\frac{1}{2}$ accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is, where $\frac{1}{2}$ being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability $\frac{1}{2}$

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>	Name	Address	Type of Action
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			□Add
			□Remove
			□ Changes
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing) Pursuant to 605,02 requirements, this date will not be fisted	207 r. as tl
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o ord is filed.	on the earlier of: (b) The 90th day after the	he
Dated 08 07 2022.		
Signature of a member or authorized representative of	of a member	

Filing Fee: \$25.00