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Q. SILAS
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02/04/22--01005--013 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations				
endikar.	XIENNA I	.LC	·	•		
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		ANA MUZALIEVSKI CI	? A			
			Name of Person			
		FAST AND EASY ACCO	DUNTING INC			
	Firm/Company					
		419 W 49th ST, STE 217				
			Address			
		HIALEAH, FL 33012				
			City/State and Zip Code			
		ana@fasteasycpa.com				
	c		to be used for future annual re	port notification	on)	
		oncerning this matter, please c				
Ana Muzalievski		305 338 at()				
	Name o	f Person	at () Area Code	Daytime Tele	ephone Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.(X) Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		<u>Street Add</u> Registrat	Iress: ion Section	1	
Div	ision of C	orporations	Division	of Corpora	tions	
PO	Box 632	7	The Cent	re of Tallal	hassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 FEB -4 AM 8:58

XIENNA LLC

The Articles of Organization for this Limited Liability	y Company were filed on 10/04/2021	and assigned
Florida document number L21000434766	·	
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	rexx
*******	. 1	Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity. I I complete performance of my duties, I agent as provided for in Chapter 60; ered office address, I hereby confirm	and I am familiar with and 5. F.S. Or, if this document is

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
MGR	ANDREA P BEST	10891 NW 17TH ST UNIT 131	■Add
		MIAMI, FL 33172	□Remove
			□Add
			□Remove
			☐ Change
-			①Add
			Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			☐ Add
			□Remove
			□Change

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	01/31/2022
ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	nent's effective date on the Department of State's records.
recoi Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	01/31/2022
ated	·
ated	$\overline{\Omega}$
ated	Classification of the contraction of the contractio
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00