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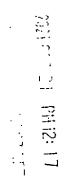
Office Use Only

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COVER LETTER

TO:	Registration Se Division of Cor				
cuni		IDORA XL. LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Camilo Pinzon Posada			
			Name of Person		
		DISTRIBUIDORA XL. L	rc		
			Firm/Company		
		9062 Quail Creek Dr.			
			Address	- ,-	
		Tampa FL. 33647			
			City/State and Zip Code		
		pagosxl@gmail.com			
For fu	rther information c	oncerning this matter, please c	to be used for future annual re all:	port normication)	
Camil	o Pinzon		305 9223 at ()		Filing Fee. icate of Status &
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclos	sed is a check for th	ne following amount:			
≘ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo-	ed) Certified Cop	f Status & py

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA XL, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company	were filed on October 13, 2021	and assigned
lorida document number <u>L21000446592</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C"."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
Sunning and Cost of Fig. (1 Ost Of Fig. C DOS)		
		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
		232
Name of New Registered Agent:		<u> </u>
		- 1
New Registered Office Address:	Example of the state of the	<u> </u>
	Enter Florida street address	<u> </u>
	Florid	a
	Cuy	= \Zip Code

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.

New Registered Agent's Signature, if changing 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>	<u>Address</u>	Type of Action
MRG	Juliana Rocha	9062 Quail Creek Dr. Tampa FL, 33647	■Add
			EIRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			ElChanne

ffective date, if other than the date of filing: an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be given to date of filing or more than 90 days after filings r flux agant to 605,0207, oty: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a security of a file of the date on the Department of State's records. record 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 is filed 10ctober 20 2021 Signature of a member or antifyrazed representative of a member.			
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Filing Fee: \$25.00