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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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22 FCC 14 /7/10: 37

T. MATTHEWS FEB 25 2022

COVER LETTER

Division of Corpor	rations		•			
XOXO REALT SUBJECT:	TY LLC					
Name of Limited Liability Company						
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.				
Please return all corresponde	ence concerning this matter to	o the following:				
	Melani	e Paola Ro Name of Person	obles			
	XOX	D Realty 11	C			
	14545 J. N	lilitary trail	Stej	<u>#3</u> 65		
	Odray Be	OCh FL - 334 City/State and Zip Code	184			
-	melanie prado	89 @ cmall. (be used harhure annual re				
For further information conc	erning this matter, please cal	II:				
Meanle Name of Pe	rson	at (561) 5 Area Code	739810 Daytime Telepho	ne Number		
Enclosed is a check for the fo	ollowing amount:					
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:

TO:

Registration Section

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 OF

22 FF : 14 / // 37 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Tanuary 24,2022 and assigned The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number <u>L22000313</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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	Melanie Prada Robles	14545 [Military truil Jet] Delray Beach, Fl 33484.	-#365 ⊠Add
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i alliendii	ng any other inf	ormation, ente	r change(s) h	ere. (Anach	шаштона мее	is, y necessa	r <i>y.)</i>	
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an effective Note: If the	late, if other that e date is listed, the date date inserted in the s effective date on	ite must be specific this block does n	and cannot be proof of meet the app	dicable statutor			g.) Pursuant to 605	
record spe l is filed.	ecifies a delayed et	fective date, but	not an effective	e time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after	r the
ated	February	7	_, <u>202</u>	<u>2</u> .				
-	,	ME	Lille Po Ta member or at	uthorized represe	ntative of a memb	er		
		/	/e/anie	Pradu R	obles			