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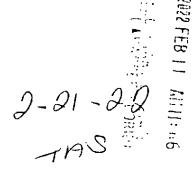
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT: X	e2 (LC.	/	
Notation	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose L	Niev Cranzelez J	
	Xe	× UC Firm/Company	
	2670	West PKWY Address	
		FL 527 24 City/State and Zip Code	
	E-mail address: (achi 35 g gmail . C	(fication)
For further information c	oncerning this matter, please c	all:	
Juse Jai Name o	rgir Chancaler Jy	at () <u>C3 &D -</u> Area Code Daytim	848-4633 te Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comps	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 122000044824		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	W3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 FEB
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florela street address	
	City Florid:	aZip Code

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, 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
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		Deland FL 32724	□Remove
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Filing Fee: \$25.00