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(Requ	uestor's Name)	
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SEORETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
			ESTMENTS LLC		
SUBJI	ECT:				
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			RICHARD ALVAREZ		
			Name of Person		
		,	XPIINVESTMENTS LLC		ing Fee, e of Status & Copy copy is enclosed)
			Firm/Company		Fee, Status &
			755 W. GOROMALIZK		itus &
					ee. Status &
					Fee, Status &
		INFO@M		PENET	
		Address: ation Section Name of Limited Liability Company Name of Limited Liability Company			
For fu				•	
	RICHARD	ALVAREZ	407	813-3581	
	Name o	of Person		aytime Telephone Number	
Enclos	sed is a check for the	he following amount:			
	25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Sta Certified Copy	itus &
	Mailing Addres				
	~		-		
	P.O. Box 632			•	
			2415 N. M	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPI INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ January 24, 2022 and assigned L22000073576 Florida document number _ 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 "LLC." 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: IVAN REYBEL ARISTA Name of New Registered Agent: 733 W. COLONIAL DR New Registered Office Address: Enter Florida street address

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.

ORLANDO Cin

If Changing Registered Agent, Signature of New Registered Agent

Ivan Reybel Arista

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
			□Add
			□Remove
			Change
			□Add
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f amending any other information, e	G -(-/			
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Effective date, if other than the date of an effective date is listed, the date must be spender: If the date inserted in this block do document's effective date on the Departm	cific and cannot be prior to es not meet the applical	o date of filing or more to ble statutory filing re	(optional) han 90 days after tiling.) Pursuan quirements, this date will not	it to 605.0207 be listed as
record specifies a delayed effective date. d is filed.	but not an effective tin	ne, at 12:01 a.m. on t	he earFer of: (b) The 90th d	ay after the
August 23rd	2022			
Dated	 	 - 1 10 /10	D 77	
	CHARD			
Signati	ure of a member or author		і інсінцег	
	RICHARD	ALVAREZ		