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E-mail Address: contact@medeirossouza.com

2022 JUL 11 AM 08:50

2022 JUL 11 AM 08:53

**LLC AMEND/RESTATE/CORRECT OR M/MG REASON
RRP MANAGEMENT LLC**

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JUL 12 2022

FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

X2GROUP LLC
SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza

Name of Person

Medeiros Souza

Firm/Company

845 N Garland Ave STE 100

Address

Orlando, FL 32801

City/State and Zip Code

contact@medeirossouza.com

E-mail address: (to be used for future annual report notification)

2022 JUL 11 AM 8:50

For further information concerning this matter, please call:

Rubem Souza	407	4372709
<hr/> Name of Person	<hr/> at (_____)	<hr/> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:

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

X2GROUP 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 03/15/2022 and assigned Florida document number L22000128880.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

X2R Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

Florida _____
City _____ Zip 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 603, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOS SANTOS, RAFAEL	9035 CREEKVIEW PRESERVE DR ORLANDO, FL 32837	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	PEREIRA DOS SANTOS, ROSEA	9035 CREEKVIEW PRESERVE DR ORLANDO, FL 32837	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Renato S Pereira	9035 CREEKVIEW PRESERVE DR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

282 JUL 1 1950

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed

Dated Orlando

07/08/2022

Signature of a member or authorized representative of a member

Rubem Souza

Typed or printed name of signee

Filing Fee: \$25.00