L22000302476

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SECRETARY OF STATE TALLAHASSEE, FL

2022 AUG 23 PM 3: 16

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JORDAN	XAVIER, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORDAN X CARABALL		
		Name of Person	
	JORDAN XAVIER, LLC		
		Firm/Company	
	2930 W. BEACH ST		
	2,30,, 32,10,10,1	Address	
	TAMPA, FLORIDA 3360	7	
	TAMPA, PLOKIDA 3300	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JORDAN CARABALLO	0	at (813) 4310324	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following 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 Addres		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORDAN XAVIER, LLC		
(<u>Name of the Limited Liability Compa</u> (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 <u>07/06/2022</u>	and assigned
Florida document number L22000302476		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		2027 SE
		AG E
B. If amending the registered agent and/or registered office	address on our records, enter the na	ame of the new registered
agent and/or the new registered office address here:		3 PN ARY OF HASSE
		PN 3: OF S SSEE,
Name of New Registered Agent:		FE STAT
New Registered Office Address:		- I I O
	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 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
AMBR	JORDAN X. CARABALLO	2930 W BEACH ST., TAMPA FL 33607	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member	Dated	AUGUST 3 , 2022
Signature of a member of authorized representative of a member		Signature for member or authorized corresponding of a member
		Signature of a member of authorized representative of a member