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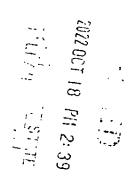
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A. BUTLER JAN 11 2023

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	GRUOP LLC		
SUBJECT:	Name of L	imited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	
	ALVARO D JARAMIL	LO	
		Name of Person	
	XPERT TI GRUOP LLO	 ~	
		Firm/Company	<del></del>
	2701 NW 26TH AVEN	UE	
		Address	
	OAKLAND PARK, FL	33311	
		City/State and Zip Code	
	alvarodjaramillo@gmail.		
	E-mail addres	s: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please	e call:	
ALVARO D JARAMIL	LO	305 924-6977 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassec.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPERT TI GRUOP LLC The Articles of Organization for this Limited Liability Company were filed on 7/21/2022 Florida document number L22000B23652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XPERT TI GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.E.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 lif 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>	<u>Address</u>	Type of Action
AMBR	GOMEZ, RAFAEL	2701 NW 26TH AVENUE	□Add
		OAKLAND PARK, FL 33311	■Remove
			Change
			□Remove
			□Add
			□Remove
			Remove
			□ Change
			□Add
			□Remove
			Change
		<del></del>	□Remove
			□ Change

· · ·	
D. If among the desired	
D. It amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	the date of filing:
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 16	. 2022
ALMADO DIADAN	Signature of a member or authorized representative of a member
ALVARO D JAKAM	ILLO (REGISTERED AGENT)  Typed or printed name of signee