

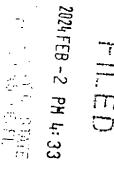
(Reg	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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Q2/02/24--01025--018 **80.00



Registration Section

TO:

COVER LETTER

Div	ision of Cor	porations		
SUBJECT.				
SUBJECT:	 :		ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kitsic Ferguson		
			Name of Person	
		Signing Agent Social LLC		
			Firm/Company	
		3947 Indian River Dr		
			Address	
		Cocoa, FL 32926		
Signing Agent Social LLC Firm/Company				
			to be used for future annual report no	otification)
For further in	nformation c		·	,
Kitsie Fergu	ıson			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee		Certified Copy	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signing Agent Social LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec liability Company)	cords.)	
he Articles of Organization for this Limited Liability Company	were filed on August 16, 20	022	and assigned
lorida document number L22000361107			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ixies HQ LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbrev	riation "L.L.C."
nter new principal offices address, if applicable:			~ `
Principal office address MUST BE A STREET ADDRESS)		-]	02 ^t
		:	
		<u>-</u> :	·
man man man Dina addana 16 and Calaba			2 m
nter new mailing address, if applicable:	<u> </u>	1737.5	3
Aailing address MAY BE A POST OFFICE BOX)			<u>+: </u>
		<u> </u>	ω
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name o	f the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	dress	
	,	, 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 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>	Address	Type of Action
MGR	Kitsie Ferguson	3947 Indian River Dr	= Add
		Cocoa, FL 32926	□Remove
			Change
		[]Remove	
			□ Change
		□Remove	
			☐ Change
		□Add	
		□ Remove	
			□Change
		□Add	
		□Remove	
		□Change	
			□Add
			□Remove
			Change

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fan (Note	effective date, if other than the date of filing:
Tr	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the solution of the earlier on the solution of the soluti
)atr	d January 26 , 2024
-uil	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memory of