L2200037457

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

Office Use Only



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11/26/22--01026--324 **

2022 NOV 28 PH 2: 51

Division of Cor	porations			
subject: <u>Nac</u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Nadia_Nix	Name of Person		
	Nadia Mix	XOV CO, LLC		
	1779 SUM	mer Meadow	Place	2922 NOV
		City/State and Zip Code		SECRE WAS CHEEN TO
	info@nadi	ON IXON & COM	fication)	
For further information co	oncerning this matter, please c	all:		- 1910 -
Nadia Mi Name of	T Person		- 380 () ne Telephone Number	
Enclosed is a check for th	/			
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se Division of Co		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Madia Mixon

company has been notified in writing of this change.

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>August 25, 2022</u> and ass Florida document number <u>L22000374570</u> .
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 "L.L.
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) (Structure of the structure of the str
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:
Name of New Registered Agent:
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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

$MGR = M_2$ AMBR = AU	anager ithorized Member		
<u>Title</u>	Name	Address	Type of
MGR	Nadia Mixon		
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or removed from our records:

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E. Effective date, if other than the date of filing: (It'an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60, requirements, this date will not be list
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o record is filed.	
Dated 02-27-7022	
Dated	of a member
Nadia Nixon	