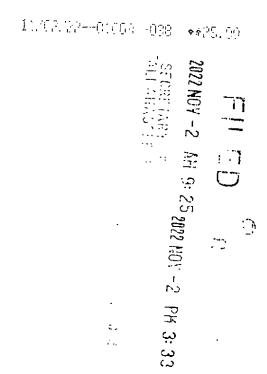
# L220004571122

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Special Instructions to	Filing Officer;
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Office Use Only



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# COVER LETTER

TO:	Registration Se Division of Cor		u,	
eud ie		ICE APP LLC		
SUBJE	~!: <u> </u>	Name of Lim	ited Liability Company	
The enc	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		HERNAN DILLON		
			Name of Person	
			Firm/Company	
		8363 NW 41 ST APT 109		
			Address	
		DORAL, FL 33166		
		hernandn.1987@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	leation)
For furt	ner information c	oncerning this matter, please co	all:	
HERNA	AN DILLON		754 971-7286 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for the	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 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

2022 NOV -2 AH SEGRETARY F ALLAHASSER	<u>n</u> =
ecords.)	$\Box$
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XPRERIENCE APP LLC (Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $^{\mathrm{FLORIDA}}$ and assigned : ) Florida document number L22000457122 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XPERIENCE APP. LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office uddress 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

### 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.

City

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
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f an eff Note:	ve date, if other than the date of filing:
recor	d 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 ed.
Dated	10/31/2022
	Signature of a member or authorized representative of a member
	TELLING INDIV

Filing Fee: \$25.00