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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	

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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

XITPROP SUBJECT:	ERTY 2651307 L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ERIC J GOLDMAN, ESQ	,	
		Name of Person	
	ERIC J GOLDMAN PA		
	<del></del>	Firm/Company	
	318 SE 8th STREET		
		Address	
	FT LAUDERDALE, FL 3	3316	
		City/State and Zip Code	
	ERIC@ERICJGOLDMAN		
	E-mail address: (	to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
MARTIN GOLDMAN		954 278-8650 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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 0 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XITPROPERTY 2651307 L.L.C.

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appride Limited Liability Compan	nears on our records.)	
The Articles of Organization for this Limited Liability Florida document number L23000067606	y Company were filed on	02/07/2023	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company	· <u>here</u> :	
XIT PROPERTY 2651307 LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," tl	ne designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		r records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			7 S 3 T
New Registered Office Address:			型之二
	Enter	Florida street address	(S) 0 TT
	City	Florida	Zip Ciklus Lo
New Registered Agent's Signature, if changing Regist	,		2. 53 9: 53
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance I agent as provided for i ered office address, I he	of my duties, and I am In Chapter 605, F.S. Or,	familiar with and if this document is
	If Changing Registered	Agent, Signature of New Re	gistered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>	<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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Effective date, if other than the date of filing:  [Optional]  [Fin effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.] Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The ecord 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 rd is filed.  Dated  MAY 03  2023	_	
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Filing Fee: \$25.00