133000084314

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | - |
| (| , | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| · | | |
| PICK-UP | WAIT | MAIL. |
| | | |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| (55 | our rome receipt | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400408253544

05/08/23--01030--003 **30.00

2028 MAY -8 AM 9: 53 SECRETARY OF STATE

A. RIVERS

COVER LETTER

| | PERTY 2651301 LLC | | |
|------------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | ERIC J GOLDMAN, ESQ | | |
| | | Name of Person | |
| | ERIC J GOLDMAN PA | | |
| | | Firm/Company | · |
| | 318 SE 8th STREET | | |
| | | Address | |
| | FT LAUDERDALE, FL 3 | 3316 | |
| | | City/State and Zip Code | . |
| | ERIC@ERICJGOLDMAN | LAW.COM to be used for future annual report notification | |
| For further information | concerning this matter, please c | · | 0 |
| MARTIN GOLDMAN | S. | 954 278-8650 at () | |
| Name | e of Person | Area Code Daytime Telep | phone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & [Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addi Registration | | Street Address: Registration Section | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

XITPROPERTY 2651301 LLC (Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited Liabil | ity Company) | |
|---|-----------------------------------|---------------------------|
| The Articles of Organization for this Limited Liability Company were Florida document number L23000084314 | e 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 limited liability | company here: | |
| XIT PROPERTY 2651301 LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability Co | ompany," the designation "LLC" or | the abbreviation "L.L.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) | | يح |
| | | 25 23 T |
| B. If amending the registered agent and/or registered office address here: | ess on our records, enter the | SECON BE DE |
| Name of New Registered Agent: | | 9.5 |
| New Registered Office Address: | | Ģm ω |
| • | Enter Florida street address | |
| | , Florida | a |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agents | | |

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> | Name | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| ··· | | | □Add |
| | | | |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |

| | | - |
|------------------|--|----------------|
| | | - |
| | | |
| | | • |
| | | • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Note: | ive date, if other than the date of filing: | 1207 I as 1 |
| recor d is fi | 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 | he |
| | | |
| ated | MAY 03 2023 | |
| | | |
| | | |
| | Signature of a member or authorized recoveration of | |
| | Signature of a-member or authorized representative of a member ERIC J GOLDMAN, ESQ | |

Filing Fee: \$25.00