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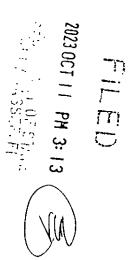
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Office Use Only



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## COVER LETTER

TO:	Registration Security Division of Corp			
cub ic	XT LENDI	NG LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DAIVA TAHERI		
			Name of Person	
			Firm/Company	
		1812 NE 26th Ave		
			Address	
		Fort Lauderdale FL 33305		
		·····	City/State and Zip Code	
		dmanarkaite@gmail.com	to be used for future annual report n	otification)
For furtl	her information c	oncerning this matter, please c		
Daiva T	Гаћегі		240 476-0501 at ( )	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$2</b> 5	0.00 Filing Fee	S30.00 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 5		Street Address: Registration S	
	Division of C		Division of C	

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

XT LENDING LLC (Name of the Limited L	lability Company as it now appears on our records lorida Limited Liability Company)	<u>.)</u>
the Articles of Organization for this Limited Liabilitorida document number		and assigned
his amendment is submitted to amend the followi		
If amending name, enter the new name of th	e <u>limited liability company here</u> :	
the new name must be distinguishable and contain the word		" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	Of the abbieviation Sisses
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	7
Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE BO	<u> </u>	PR 3
<ol> <li>If amending the registered agent and/or registered office address</li> </ol>	ristered office address on our records, <u>enter</u> <u>here</u> :	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect addr	.ess
		Florida
	^ * *	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

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
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Fective date, if other than the on effective date is listed, the date must stee. It the date inserted in this blocument's effective date on the De	date of filing: be specific and cannot be the does not meet the partment of State's re	pe prior to date of fi applicable statute ecords.	ing or more than 90 d ory filing requireme	_ (optional) ays after filing.) Pursuar ents, this date will not	nt to 605.026 be listed a
ecord specifies a delayed effective is filed.	date, but not an effec	ctive time, at 12:0	11 a.m. on the earlie	er of: (b) The 90th o	lay after th
ted September 15	2023	i			
ited	7	<u> </u>			
AN I	100				
- H/V	Signature of a member	or authorized repre	sentative of a membe	r	<del></del> .

Filing Fee: \$25.00