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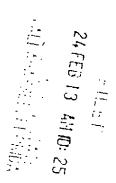
(Req	uestor's Name)	
(Addi	ress)	
•	,	
(Äddi	ress)	
(City/	State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
		
(Buşi	ness Entity Nam	e)
(Docı	ument Number)	
Certified Copies	Certificates	of Status
	Continuates	
Special Instructions to Fil	ling Officer:	
	J. HOF	_{DNE}
	FEB 2 6	2024
<u> </u>		

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
•	artii	•	.₽"
SUBJECT:	XOTYK Transpo	nited Liability Company	
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dav	NA Ray Santiago Name of Person	
		XOTYK Firm/Company	
	1950 Academ	W St NE Address	
		FL 32905 City/State and Zip Code	
	X 0 + V K Q E-mail address: (U.S.a COM to be used for future annual report notif	fication)
for further information co	oncerning this matter, please c		
David Sant	1400 Person	at (<u>321</u>) <u>451 –</u> Area Code Daytima	e Telephone Number
Enclosed is a check for th	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limit	ed Liability Compa	ny as it now appears on our records.) Liability Company)
		April Die, 2023
The Articles of Organization for this Limited Li	ability Company	were filed on and assigned
Florida document number 12300171	<u> 1811</u> .	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liab	ility company here:
YOTYK IIC		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:	Not changing
(Principal office address MUST BE A STREE	T ADDRESS)	3 3
Enter new mailing address, if applicable:		Not changing
(Mailing address MAY BE A POST OFFICE .	BOX)	
D. 16 amondianal		
agent and/or the new registered office addres	egistered office : s here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	la	
New Neglitered Office Address.	-M122	Enter Florida street address
	NIA	Florida N A
	_:1411	City Zip Code
New Registered Agent's Signature, if changing F	tegistered 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
			□Add
			□Remove
		•	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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,	
(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	
	Our Sato
	Signature of a member or authorized representative of a member