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And
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
XTL Enter	prise, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Curtis J. Devlugt		
		Name of Person	<del></del>
		Firm/Company	
	800 NW 32 Place		
		Address	
	Miami, Florida 33125		
	curtisdevlugt77(a:yahoo.cor		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	stification)
Curtis J. Devlugt		786 685-7761	
Name	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre Registration Division of C P.O. Box 63	Section Porporations	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XTL Enterprise, ŁLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Umited	ny as it now appears on our recor Liability Company)	<u>(ts.)</u>
The Articles of Organization for this Limited Liability Company	were filed on May 9, 2023	and assigned
lorida document number 1.23000228269		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
'urtis Devlugt, LLC'		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	800 NW 32 Place	ec. <b>20</b>
	Miami, Florida 33125	77.
		2
nter new mailing address, if applicable:		30
••		
Iailing address MAY BE A POST OFFICE BOX)		PH IZ:
	<del></del>	<del>- D</del> ω
		· 🖳 🍾
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registe
envandor the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	'55
		lorida
<del></del>	City	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

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

## Page 2 of 3

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