L24000019348

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
<u>(Do</u>	cument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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03/29/24

03/25/24--01023--021 **25.00



COVER LETTER

TO: Registration : Division of C		
XAXARS	SLLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	JAVIER MAS DE XAXA	RS
		Name of Person
	 	Firm/Company
	3253 FOXCROFT RD AP	PT G-210
		Address
	MIRAMAR, FL 33025	
		City/State and Zip Code
	E-mail address: ((to be used for future annual report notification)
For further information	concerning this matter, please c	rall:
MIGUEL PEREZ		786 319-3888 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ÀRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XAXARS LLC					
(Name of the Limited Liability (A Florida I	y Company as it now appears on our Limited Liability Company)	records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000019348</u>	ompany were filed on $\frac{01/08/2024}{}$	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records,	enter the name of the new registered			
New Registered Office Address:	Enter Florida street	uddress			
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co	and agree to act in this capacity complete performance of my duti				

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
MGR MIGUEL PEREZ		3253 FOXCROFT RD APT G-210	≡ Add
		MIRAMAR, FL 33025	□Remove
			□Change
			□Add
			□Remove
			□Change
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n effective date is listed, the date mus te: If the date inserted in this blo	t be specific and cannot be	e prior to date of		ın 90 days after fi	ling.) Pursua		
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Filing Fee: \$25.00