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COVER LETTER

TO:		istration Sec ision of Corp								
SUBJEC	ΥТ.	XORSYNER	RGY LLC							
SODJEX	. Ι.	Name of Limited Liability Company								
			mendment and fee(s) are sub	_						
			ANTHONY SABELLA C	PA						
				Name of Person						
			SABELLA & MARSHAL	L CPAS PLEC						
				Firm/Company						
	2501 S TAMIAMI TRAIL									
				Address						
			SARASOTA, FL 34239							
	City/State and Zip Code ASABELLA@CPASM.COM									
				to be used for future annual re	eport notification)					
For furth	ner in	formation co	ncerning this matter, please ca	all:						
ANTHO	NY	SABELLA		941 366- at ()	-3737					
		Name of	Person	Area Code	Daytime Telepho	one Number				
Enclosed	l is a	check for the	following amount:							
■ \$2 5.	00 F	iling 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 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XORSYNERGY LLC

2024 1 11 2" 4: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2024}{1}$ and assigned Florida document number L24000042916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XOR SYNERGY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
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			□Remove
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Effective date, if other than (he date of filing	:		(optional)	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	: block does not m	eet the applicable s	of filing or more than tatutory filing requir	90 days after filing.) Pursuan ements, this date will not	it to 605,0207 (3 be listed as th
he record specifies a delayed effect ord is filed.	rtive date, but not	an effective time, a	t 12:01 a.m. on the c	arlier of: (b) The 90th d	ay after the
Dated MAY 29		2024			
		D/.	1 .		
		11-31			

Filing Fee: \$25.00

Typed or printed name of signee