## 124000049728

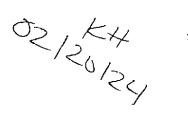
(Requestor's Name)
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Special Instructions to Filing Officer:
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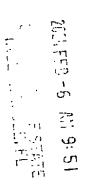
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT:	NOTXORB, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KENDITH D BROXTON	П	
	_	Name of Person	
	<del></del>	Firm/Company	<del></del>
	10107 N 14TH STREET		
		Address	
	TAMPA, FL 33612		
	KBROXTON2@YAHOO.0	City/State and Zip Code COM	
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
KENDITH D BROXTO	N II	813 230-3485	
Name o	f Person	Area Code Daytime Teleph	
Enclosed is a check for the	he following amount:		- ST
■ \$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 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

NOTXORB, LLC	_	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L24000049728	<u>_</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> )
		9 ) 
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new registere
agent and/or the new registered office address here:		da .
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	171
	, Florid	a
	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 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
CEO	KENDITH D BROXTON II	10107 N 14TH STREET TAMPA, FL 33612	🗏 Add
			□Remove
			☐ Change
			□Add
			Remove
		<del> </del>	□Change
			□Add
			Remove
<del></del>			□ Affilia  Reiffiove □ □ □ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change

PLEASE ADD MY NAME.	AS THE CEO OF THE COM	PANY.		
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n effective date is listed, the date mus <u>te:</u> If the date inserted in this bl-	t be specific and cannot be prior to ock does not meet the applical	o date of filing or more than 9 ble statutory filing require	/0 days after filing.) Pur ements, this date will	suant to 605. not be fiste
cument's effective date on the D	epartment of State's records.	, , ,	Ĺ	9
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cord specifies a delayed effectives filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90	th day after
s med.				
ed	2024			
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Typed or printed name of signee