

L24000050380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900422028889

02/01/24--01017--013 **25.00

K1+
2/12/24

2024 FEB -1 PM 4:10
2024 FEB -1 PM 4:10

LAW OFFICES OF ANTHONY ACCETTA

A PROFESSIONAL ASSOCIATION

135 SAN LORENZO AVENUE
PENTHOUSE 820
CORAL GABLES, FL 33146

EMAIL: law@anthonyaccetta.com
FACSIMILE: (786) 373-6089
TELEPHONE: (305) 448-4LAW [4529]

January 31, 2024

VIA FEDEX¹

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re. **Name of Corporation** : **XO BB, LLC**
Document Number : **L24000050380**

Dear Registration Section:

This office is the Registered Agent for the recently formed corporation named: XO BB, LLC bearing Document Number: L24000050380 as referenced above. Enclosed please find a Cover Letter along with the fully executed Articles of Amendment and check for the fee in the amount of \$25.00. At the present time, we only need to amend to add an additional Manager to the company. See documents original signed documents (forms) enclosed.

If you need additional information, please do not hesitate to contact me at the number listed above.

Thank you for your time and attention with this matter.

Sincerely,


ANTHONY ACCETTA
Board Certified Civil Trial Lawyer

Enclosure(s).

¹ FedEx Tracking Number: 775024662742

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XO BB, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELY ACCETTA

Name of Person

XO BB, LLC

Firm/Company

135 SAN LORENZO AVENUE, PENTHOUSE 820

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

YANELY@ANTHONYACCETTA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELY ACCETTA

305 448-4529
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CONFIRMED
1-6-03
PM 4:10
U.S. MAIL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XO BB, LLC

(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 01/26/2024 and assigned
Florida document number L24000050380.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

100

2024 FEB -1 PM 4:11

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 31, 2024

YANELY ACCEtta

Filing Fee: \$25.00