L24000050380

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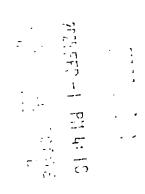
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LAW OFFICES OF ANTHONY ACCETTA

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).

FedEx Tracking Number: 775024662742

COVER LETTER

TO: Registration Se Division of Cor				
XO BB, LL SUBJECT:	LC			
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			
	YANELY ACCETTA			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	XO BB, LLC			
Firm/Company				
135 SAN LORENZO AVENUE, PENTHOUSE 820				
Address				
	CORAL GABLES, FLOR	IDA 33146		
		City/State and Zip Code		
	YANELY@ANTHONYAC			~ *3
	E-mail address: (to be used for future annual report notifi	ication)	יין טוּ דרט
For further information c	oncerning this matter, please c	all:		
YANELY ACCETTA		305 448-4529 at ()		1
Name o	of Person		Telephone Number	
		1		
Enclosed is a check for the	he following amount:			[r] 23
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addres	· · · · · · · · · · · · · · · · · · ·	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

XO BB, LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liab		024	_ and assign	ned
Florida document number L24000050380	 :			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designa	tion "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
		·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
			79.7	
				, , , ,
B. If amending the registered agent and/or regi		ls, <u>enter the name c</u>	of the new r	<u>egistere</u>
agent and/or the new registered office address h	<u>nere</u> ;		- 1	4
N CN D L LA			n. 🎛	, q
Name of New Registered Agent:			<u>'()</u>	·
New Registered Office Address:			<u> </u>	
	Enter Florida str	eer aaaress		
-	City	Florida	Zip Code	
	Cui,			

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
MGR	ANTHONY ACCETTA	135 SAN LORENZO AVENUE	■Add
		PENTHOUSE 820	□Remove
		CORAL GABLES, FLORIDA 33146	□ Change
		 	□Add
			□Remove
			□Change
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an effective date is listed, the ote: If the date inserted						
ocument's effective date	on the Department of	State's records.		•		
record specifies a delaye	d effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b) T	he 90th day afte	r the
is filed.	;					
, JANUARY 31	1.00.1	2024				
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	Signature of	member or authoriz	zed representative of	a member	·	

Filing Fee: \$25.00