



# LAW OFFICES OF ANTHONY ACCETTA

A PROFESSIONAL ASSOCIATION

135 SAN LORENZO AVENUE  
PENTHOUSE 820  
CORAL GABLES, FL 33146

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

January 31, 2024

## VIA FEDEX<sup>1</sup>

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).

<sup>1</sup> 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 ACSETTA  
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@ANTHONYACSETTA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELY ACSETTA at ( 305 ) 448-4529  
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       \$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

01/17/10  
1:00 PM  
1-6327-1003

**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



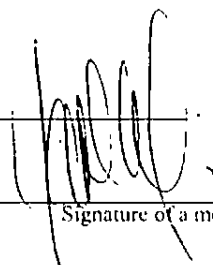
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2024 FEB 1 1 PM 4:11  
STATE

E. Effective date, if other than the date of filing: 01/31/2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60S-207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 31 2024  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
YANELY ACCETTA  
\_\_\_\_\_  
Typed or printed name of signee