

Division of Corporations

L24000079881

Florida Department of State  
Division of Corporations  
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XA CREATIVE SOLUTIONS LLC

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K. SALY

NOV 18 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XA CREATIVE SOLUTIONS 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:

LOVETTE DOBSON  
\_\_\_\_\_

Name of Person

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220  
\_\_\_\_\_

Address

HOUSTON, TX 77064  
\_\_\_\_\_

City/State and Zip Code

EFILE1234@INCFIL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

LOVETTE DOBSON  
\_\_\_\_\_

1  
at ( )  
Area Code

888-462-3453

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2024 NOV 15 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XA CREATIVE SOLUTIONS 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 02/26/2024 and assigned  
Florida document number 1.24000099881

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:

1150 Nw 72nd Ave Tower 1 Ste 455 #18256

(Principal office address **MUST BE A STREET ADDRESS**)

Miami, FL 33126

Enter new mailing address, if applicable:

1150 Nw 72nd Ave Tower 1 Ste 455 #18256

(Mailing address **MAY BE A POST OFFICE BOX**)

Miami, FL 33126

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

((H24000346816 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Melanie Wilpon	1150 Nw 72nd Ave Tower 1 Ste 455 #18256	<input type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Brian M Wilpon	1150 Nw 72nd Ave Tower 1 Ste 455 #18256	<input type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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SECRETARY OF FLORIDA

TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0207 (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 October 16 , 2024

Melanie Wilpon  
Signature of a member or authorized representative of a member

Melanie Wilpon  
Typed or printed name of signer