## L24000126436

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: X1 Construction and renauations L.L.C.  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:	
Adam Morris Name of Person	
XI (Unstruction and Kenovations	
5379 Lyons Rd #1806	
Coconut Creek F1, 330)3  City/State and Zip Code	
E-mail address: (to be used for future annual report polification)	
E-mail address: (to be used for future annual report addification)  For further information concerning this matter, please call:	Ţ
Adam Morris  at 954 b05-5533  Name of Person  Area Code Daytime Telephone Number	1
Enclosed is a check for the following amount:	- 34,4
□ \$25.00 Filing Fee   □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status	
Mailing Address:  Registration Section  Street Address:  Registration Section	

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

XI CONSTRUCTION O	INCU renovation	S L.L.C
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	<u>pur 152,010s.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number <u>レス円のの 126円36</u>	oany were filed on Mari	ch 13, 2024 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		7 28
nter new mailing address, if applicable:		S. J. Justin
Mailing address MAY BE A POST OFFICE BOX)		
		, ž O
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

111

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	Asha Crichton	16555 SW 148 Ave Miami,	B DANGO
		fl 33187	□Remove
			□Change
<del></del>			🗆 Add
			□ Remove
		<u></u>	Change
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Note:	ive date, if other than the date of filing:
	d 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 fil	