

## L24000144107

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(Address)
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(City/State/Zip/Phone #)
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## COVER LETTER

TO:

TO: Registration S Division of Co			
TalentVid			
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	<u>-</u>	
	Xiao Chen		
		Name of Person	
	TalentVideo LLC		
		Firm/Company	<del></del>
	5801 Moss Ranch Rd		
		Address	
	Pinecrest		
		City/State and Zip Code	<del></del>
	779882509@qq.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Xiao Chen		+1 737 280 75	
Name of Person		Area Code Daytii	ne Telephone Number
Enclosed is a check for a	the following amount:		
■ \$25.00 Filing Fee	C S30.00 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 63:		The Centre of	<del>-</del>
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TalentVideo LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000144107</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
XPI LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	e: 795 SW110th,Miami,33174	
(Principal office address MUST BE A STREET ADDRESS)	Apt 815	202
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	795 SW 110th,Miami 33174 Apt 815	HEC 13 P
B. If amending the registered agent and/or registered office :	address on our records, enter th	Fig. 5. 02
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r toriaa street address	
	, Flor	rida Zip Code
	City	1.41 Cine

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

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>	Name	Address	Type of Action
СТО	Quevedo Robert Anthony	888S Douglas Rd Unit 1612,Miami,Fl 33124 UN	□Add
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			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date management and the If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be block does not meet the a	e prior to date of filing o applicable statutory f	or more than 90 days after Iling requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed effecti			m. on the earlier of: (b)	The 90th day after the
rd is filed. 12/17 Dated	2024			
rd is filed.  Dated	$\frac{2024}{\chi_{io}}$	oChen		

Filing Fee: \$25.00