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## **COVER LETTER**

TO: Registration S Division of Co			
XWMWX SUBJECT:	LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	- Pyan	Name of Person	<del></del>
	Xwmw	X LLC	
		rimvCompany	. 2
	12729 P	macle Lane	
		Address	2021 AFR 16 AM 10: 32 SECRETARY CF STATE STATE ANY ASSEC. FL
		_	
	Venice F	L 34293 City/State and Zip Code	
			SET 3
	E-mail address:	to be used for future annual report notifica	CGVL no Co
For further information			77. 2
ror further information (	concerning this matter, please of	all:	
K YAN Name o	M KELLY	at (417) 842 Area Code Daytime T	665 8
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Secti	on
Division of C		Division of Corpo	
P.O. Box 632		The Centre of Tal	lahassee
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)					
The Articles of Organization for this Limited Liability Company Florida document number <u>レンサロのコリケリサる</u> .		, .	and assigned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	oility company here:	:					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	mation "LLC" or the al	obreviation "L.L.C."				
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
			<u> </u>				
		1	PR PR				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
			15 cm				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the nan</u>	ne of the new registered				
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
		, Florida					
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code				
inch registered Agent's Signature, it changing Registered Agent	<u>.</u>						

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	<u>Address</u>	Type of Action
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		Ven.ce FL 34793	_ Remove
		<del></del>	_ XChange
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