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## **COVER LETTER**

Tallahassee, FL 32314

	istration Se ision of Cor			
CUDIECT.	2XM, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		PAULA HAYES, PARAL	EGAL	
			Name of Person	
		CREATIVE PLANNING	LEGAL, PA	
		· · ·	Firm/Company	<del></del>
		5454 W. 110TH STREET		
			Address	
		OVERLAND PARK, KS	56211	
		<del></del>	City/State and Zip Code	
		PAULA.HAYES@CREAT		
			to be used for future annual report ποτί	dication)
For further in	oformation co	oncerning this matter, please co	all:	
PAULA HA	YES		913 563-7935 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		□ \$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)
Reg Div	iling Addres gistration S vision of C D. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of 1	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZXM, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Plorida document number L24000189228	any were filed on APRIL 22, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		24
he new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" o	or the abbreviation .L.C."
Enter new principal offices address, if applicable:		1-7
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		* 39 * TE RED.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off	ice address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	ida
<del></del>	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

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
МЕМ	MARCELO SANCHEZ	17764 SW 47TH ST., MIRAMAR, FL	□Add
			<b>≡</b> Remove
			□Change
MGR	Carlos Marcelo Sanchez	17764 SW 47TH ST., MIRAMAR, FL	
			□Remove
			□ <b>∧</b> dd
			□Remove
			□Change
			□∧dd
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change

Effective date, if other than the date of filing:  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  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  Here 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 ord is filed.  Dated			
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