L25000173812

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COVER LETTER

	istrationsSe sion of Cor		•	
SUBJECT.	X&V DEVE	ELOPMENT LLC		
SUBJECT		Name of Litt	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ximena Hakime		
			Name of Person	
		X&V DEVELOPMENT L	LC	
			Firm/Company	
		3201 E COLONIAL DR	JNIT D-50	
			Address	
		ORLANDO, FLORIDA, S	32803	
			City/State and Zip Code	
		xvdevelopment@hotmail.		
		E-mail address: (to be used for future annual report notificat	ion)
For further in	formation c	oncerning this matter, please c	all:	
Ximena Hak	ime		407 616-4060	
	Name o	f Person	at ()Area Code Daytime Te	lephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 Fi	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Registration Section	wi
Registration Section Division of Corporations			Division of Corpor	
	. Box 632		The Centre of Tall	ahassee
Tall	ahassee, F	FL 32314	2415 N. Monroe St	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X&V DEVELOPMENT LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L25000173812</u>	ompany were filed on April 11, 202	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 -	
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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

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	Pablo Velez	5200 SAINT REGIS PL, BELLE ISLE, FL 32812	XAdd
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
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an effective date is li Note: If the date in	sted, the date must be spe serted in this block do	eific and cannot be process not meet the app	rior to date of filing c plicable statutory f	or more than 90 days a iling requirements,	ofter filing.) Pursuant to this date will not be	o 605.0207 : listed as
locument's effectiv	e date on the Departm	ent of State's recor	rds.			
record specifies a c Lis filed.	delayed effective date,	but not an effectiv	e time, at 12:01 a.	m, on the earlier of	(b) The 90th day	after the
d 15 mea.						
Dated		•. 	77)			\ D
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Pated		Xinner!	apper -	-		9775
Dated	Signati	ure of a member of an	uthorized representa	tive of a member	·	П) Ç .

Filing Fee: \$25.00