

MIN 000000 4668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

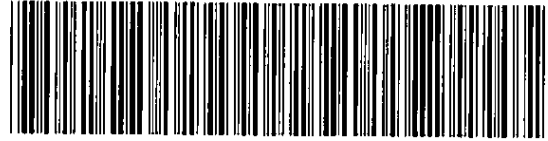
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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STATE

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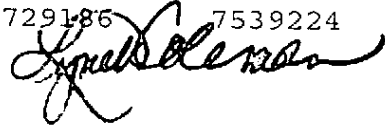
APPROVED  
AND  
FILED  
19 APR 17 AM 10:51

T.G.  
4/18/19

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 729186 7539224

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 16, 2019

ORDER TIME : 9:42 AM

ORDER NO. : 729186-015

CUSTOMER NO: 7539224

APPROVED  
AND  
FILED  
2019 APR 17 AM 8:39  
TALLAHASSEE, FL  
CORPORATION SERVICE COMPANY

FOREIGN FILINGS

NAME: XOME FIELD SERVICES LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT#

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Xome Field Services LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000004668

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/01/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

, 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

APPROVED  
AND  
FILED

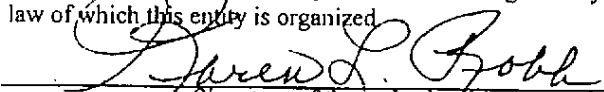
2019 APR 17 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  
Management of the entity has been changed from manager-managed to member-managed.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jeffrey M. Neufeld	8950 Cypress Waters Blvd	<input type="checkbox"/> Add
		Coppell, Texas 75019	<input checked="" type="checkbox"/> Remove
Manager	Amar R. Patel	8950 Cypress Waters Blvd	<input type="checkbox"/> Add
		Coppell, Texas 75019	<input checked="" type="checkbox"/> Remove
Asst Secy	Karen L. Robb	8950 Cypress Waters Blvd	<input checked="" type="checkbox"/> Add
		Coppell, Texas 75019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Karen L. Robb

Typed or printed name of signer

Filing Fee: \$25.00