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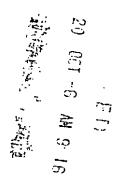
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: XO.CO INC.			
DOCUMENT NUMBER: P18000000619			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
TII XYNN			
Name of Contact Person			
XO.CO INC.			
Firm/ Company			
120 SW 8TH ST			
Address			
MIAMI FL 33130			
City/ State and Zip Code			
HELLO@XTII.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TII XYNN at (917) 993-0391			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
XI \$35 Filing Fee			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

XO.CO INC

(Name of Co	rporation as currently filed y	ith the Florida Dept. of State)	
P18000000619	poration as carrently med	The the Figure Dept. of State,	
	(Document Number of Corpor	ation (if known)	
ursuant to the provisions of section 607.1006, Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the fo	ollowing amendment(
. If amending name, enter the new name of	of the corporation:		
XO INC.			The new
ame must be distinguishable and contain the w lnc.," or Co.," or the designation "Corp," chartered," "professional association," or th	" "Inc," or "Co". A profes.		
Enter new principal office address, if apprincipal office address MUST BE A STREE		N/A	·
. Enter new mailing address, if applicable	<u>e:</u>	N/A	
(Mailing address <u>MAY BE A POST OFF)</u>	<u></u>	N/A	
	registered office address in F		
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or	registered office address in F		
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in F		:30 :30 :01
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in F	lorida, enter the name of the	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent	registered office address in Fistered office address:	lorida, enter the name of the	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Fistered office address: N/A (Florida street address	lorida, enter the name of the	(Zip Gode)
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Fistered office address: N/A (Florida street address)	lorida, enter the name of the	(Zip Gode)
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered of New Registered Agent New Registered Office Address:	registered office address in Fistered office address: N/A (Florida street address) N/A (City)	lorida, enter the name of the	(Zip Gode)
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	registered office address in Fistered office address: N/A (Florida street address) N/A (City) ing Registered Agent:	lorida, enter the name of the	(Zip Gode) (Zip Gode) Sitton.
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Fistered office address: N/A (Florida street address) N/A (City) ing Registered Agent:	lorida, enter the name of the	(Zip Gode)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John D	loc	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> Sally S		
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One) 1) X Change	CEO	TII XYNN	120 SW 8TH ST
Add			MIAMI FL 33130
Remove		_	
2) Change	FORMER CEO	ORIELVIS PADRON RODRIGUEZ	120 SW 8TH ST
Add			MIAMI FL 33130
X Remove Change			
Add		_	
Remove			
4) Change			
Add		-	
Remove		_	
5) Change			
Add		-	
Remove		_	
δ) Change			
Add		-	
Remove			

. <u>If amend</u> (Attach <i>ac</i>	ling or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) h specific)	ere:			
N/A	•	•				
					<u> </u>	
				· <u>.</u> .		
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If an am	endment provides for an exchange	, reclassification,	or cancellation	of issued shares	i ,	
provisio	ons for implementing the amendme	ent if not containe	ed in the ameno	lment itself:	_	
	not applicable, indicate N/A)					
N/A						
						
					·	
		<u></u>				

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The data of sech.	N/A	, if other than the
date this document	amendment(s) adoption:	, it dulet than the
date dus document	· ·	
Effective date if a	N/A	
	(no more than 90 days after amendment jile date)	
	inserted in this block does not meet the applicable statutory filing requirements, this date will give date on the Department of State's records.	l not be listed as the
Adoption of Ame	endment(s) (CHECK ONE)	
X The amendmen action was not i	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action and required.	shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.	
	nt(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):	
"The num	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	N/A	
	(voting group)	
	DatedSEPTEMBER 11, 2020	
	Signature Kypi II	
	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	TII XYNN	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	