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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: X3 DEVELOPME	NT INC	
DOCUMENT NUM	1BER: P22000034279		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	JUAN POLANCO		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	SUMTAX ACCOUNTING O	TROUP INC	
		Firm/ Company	
	4680 LIPSCOMB ST NE SU	TTE 1	
	 -	Address	
	PALM BAY, FL 32905		
		City/ State and Zip Cod	e
	JUANPOLANCO3@YMAII	L.COM	
	E-mail address; (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
SUMTAXAG@GM	IAIL.COM	at (<u>321</u>	345-7335
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A: D: P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment

Articles of Incorporation

of X3 DEVELOPMENT INC

AS DEVELOUMENT IISC		- 5
(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
		· · · · · · ·
(Doyumant Number	of Corporation (if known)	
(Document Number	of Corporation (it known)	£
Pursuant to the provisions of section 607,1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	wing amendmen
its Articles of Incorporation:		- 22
4 If		
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation,"		
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co".		itain the word
"chartered," "professional association," or the abbreviation "P.A	· "	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent		
Mark of the Market High Control of the Control of t		
tFlorida s	street address)	
New Registered Office Address:	, Florida	
iven he gimered vignee radioess.		Lip Code)
	•	•
New Registered Agent's Signature, if changing Registered Ager	n+-	
I hereby accept the appointment as registered agent. I am familiar		m.
Signature of Now	Registered Agent, if changing	
Signature of New	meganeren agem, y enanging	

Check if applicable

 \Box 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)

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_ 5	JOSE LUCIO JR MARCELINO	1641 COUNTRY COVE CIRCLE
X Add			MALABAR, FL 32950
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional onal sheets, if necessa	iry). (Be specific)			
	·				
	<u> </u>				- -
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				<u>-</u>	
			-		
<u>f an amend.</u>	nent provides for an	exchange, reclassif	ication, or cancell	lation of issued sha	ires,
<u>Utuata</u>	or implementing the pplicable, indicate N/.	amendment it not	contained in the a	mendment itself:	
(1) 1101 12	paiceme, intercure 155.	a)			
				<u> </u>	
					<u> </u>
	······································				
		ML			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	It not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	2022
"The number of votes cast for the amendment(s) was/were sufficient for approval	Š.
by"	6
(voting group)	PA
d/10/2022	
Dated 5/19/2022	5: 06
	2, 6
Signature	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Eduardo DeFreitas	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	