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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

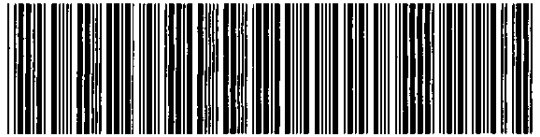
\_\_\_\_\_  
(Business Entry Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 APR 18 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
APR 20 2010  
EXAMINER  
S. HAWKES  
APR 20 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEXXOS REALTY LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANAMARIA VELASQUEZ  
(Contact Person)

NEXXOS REALTY LLC  
(Firm/Company)

2627 S BAYSHORE DR. STE 1002  
(Address)

MIAMI, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANAMARIA VELASQUEZ at ( 786 ) 2103562  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NEXXOS REALTY LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/29/2010 and assigned  
Florida document number L10000034215

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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT CHANGING

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** 2627 S BAYSHORE DR. STE 1002  
**(Principal office address MUST BE A STREET ADDRESS)** MIAMI, FL 33131

**Enter new mailing address, if applicable:** 2627 S BAYSHORE DR. STE 1002  
**(Mailing address MAY BE A POST OFFICE BOX)** MIAMI, FL 33131

**B. If amending the registered agent and/or registered office 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:** N/A

**New Registered Office Address:** N/A  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**  
**MGRM = Managing Member**

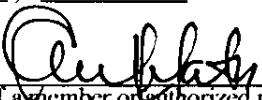
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PABLO A. PENUELA	2627 S BAYSHORE DR, STE 1002 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated APRIL 16TH, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**ANAMARIA VELASQUEZ**  
 \_\_\_\_\_  
 Typed or printed name of signer