

L10000090465

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To: Division of Corporations
 Fax Number: (850) 617-8389

FROM: Account Name: BARBOSA LAW OFFICE
 Account Number: 10011000049
 Phone: (305) 421-6333
 Fax Number: (305) 329-2343

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Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: jbarchaso@barchasollegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUSINESS X 1, LLC

Certificate of Status	0
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J. SAULSBERRY
EXAMINER
FEB 13 2013

H130000340613

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business X 1, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio Barbosa, Esq.

Name of Person

Barbosa Law Office

Firm/Company

2000 Ponce de Leon Blvd., Suite 625

Address

Coral Gables, FL 33134

City/State and Zip Code

JBarbosa@barbosalegal.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Barbosa, Esq.

Name of Person

305 421-6339

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2501 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Business X 1, 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 08/27/2010 and assigned
Florida document number L10000090465

This amendment is submitted to amend the following:

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

N/A

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

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TAMPA COUNTY CLERK
TAMPA, FLORIDA

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: _____

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)

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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	Stefano Barbosa	19306 S.W. 78th Ave. Cutler Bay, FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 COUNTY OF DADE
 CLERK OF COURT

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

February 12, 2013


Signature of a member or authorized representative of a member

Bruno T. Barbosa, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

STATE BAR OF FLORIDA
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