Division of Corporations Electronic Filing Cover Sheet

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(((H110001661993)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

L. SELLERS

JUN 2.4 2011

From:

Account Name

: BARBOSA LAW OFFICE

Account Number: I20110000049

Phone Fax Number

: (305)421-6339 : (305)359-9543 **EXAMINER**

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN X-2 USA REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Barbosa Law Office

Phone: 305-421-6339 Fax: 3053599543



To: Division of Corporations	From: Julio Barbosa	
Fax: 1-850-617-6383	Pages: 5	
Re:	Date: June 23, 2011	

11 JUN 23 AM II: QL SECRETARY OF STATE

2000 Ponce de Leon Blvd. Suite 825, Coral Gables, FL 33134

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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ርጉ	X-2 US	A Realty, LLC.	
30201			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			ulio C. Barbosa, Esq.	
			Name of Person	
			Berbosa Law Office	
			Firm/Company	
		2000 Pa	once De Leon Blvd., Ste. 62	25
			Address	
		c	oral Gables, FL 33134	
		,	City/State and Zip Code	····
		jbarb E-mail address: (*	osa@barbosalegal.com to be used for future annual report notifi	cation)
For furt	her information of	concerning this matter, please o	eal);	
		C. Barbosa, Esq.	<u>at (+++) </u>	421-6339
	Name (of Person	Area Code & Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:	·	
\$2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	ING ADDRESS: ration Section	STREET/COURT Registration Section	n ·

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassoe, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H110001661993

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limit	X-2 USA Reed Liability Compa (A Florida Limited I	ealty, LLC. ny as it now appears isability Company)	on our records.)			
The Articles of Organization for this Limited	Liability Company	were filed on	3/30/2011	and assig	med	
Florida document numberL110000						
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited link	ility company here:				
The new name must be distinguishable and end v	with the words "Lim	ited Liability Company	," the designation "	LLC" or the ab	breviat	_ lion
Enter new principal offices address, if appl	icable:	2000 Ponce De	Leon Blvd., St	e. 653		_
(Principal office address MUST BE A STRE	ET ADDRESS)	Coral Gables, FL 33134				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2000 Ponce De Coral Gables, F		e. 653		- -
					=-	-
B. If amending the registered agent and registered agent and/or the new registered	d/or registered of office address her	fice address on our e:	r records, <u>enter</u>		رد	CW.
Name of New Registered Agent:	Julio C. Bar	bosa, Esq.		E ဟ		
New Registered Office Address:	2000 Ponce	De Leon Bivd., S	Ste. 625		2	_
		Enter	Florida street ada	iress -		
	C	oral Gables	, Florida	33134		_
		City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					

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

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If amending the Managers or Managing Members on our records, onter the title, name, and address of each Manager or Managing Member heing added or removed from our records:

	Name	Address	Type of Actio
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		* ************************************	Add Remove
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· *			
If amend	ing 211y offer information, 20	ster change(s) bere: (Attack additional sheets,	if necessary.)
If amend	ing 211y other information, ea	ster change(s) bere: (Attack additional sheets,	if necessary.)
If amend	ing 211y offer information, ea	ster change(s) bere: (Attack addistant sheets,	if necessary.)
Ef amend	June 13	ter change(s) bere: (Attack additional sheets, 2011 a member or a blocked representative of a member	

Fiting Fee: \$25.00