

10/27/2011 10:55

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ARAZOZA FERNANDEZ

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Division of Corporations

# L09000021784

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ, S.C.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
Fax Number : (305)442-4829

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
XCLUSIVE NETWORKS USA, LLC

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A. LUNT  
OCT 28 2011  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: XCLUSIVE NETWORKS USA, 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:

**LAURA KOHN**  
Name of Person

---

**ARAZOZA & FERNANDEZ-FRAGA, P.A.**  
Firm/Company

---

**2100 SALZEDO STREET, SUITE 300**  
Address

---

**CORAL GABLES, FL, 33134**  
City/State and Zip Code

---

**LAURA@ARAZOZA.COM**  
E-mail address: (to be used for future annual report notification)

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 2011 OCT 27 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**LAURA KOHN** at ( **305** ) **444-6226 x 233**  
Name of Person 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 6327  
 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XCLUSIVE NETWORKS USA, LLC

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

FILED 2011 OCT 27 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/05/2009 and assigned Florida document number L09000021784

This amendment is submitted to amend the following:

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

XCLUSIV NETWORKS, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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, 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>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 OCT 27 AM 9:00  
CLERK OF STATE  
TALLAHASSEE FL 32304

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

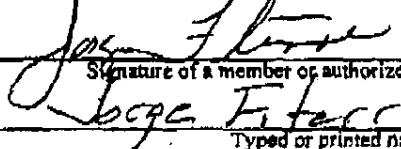
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated OCTOBER 10, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Jorge Ferrera  
 \_\_\_\_\_  
 Typed or printed name of signee