**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090

: (305)358-1310

Fax Number

: (305)503-6701

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

Email Address: arod8723@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN X300 LLC

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Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	X300 LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited )	iny as it now appears on our l Liability Company)	records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 11/12/2012	· · · · · · · · · · · · · · · · · · ·	and assigne	d·
Florida document numberL12000142053			•		•
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:	·		
The new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the designation	"LLC" or the abbr	exiation "L.L.C."	•
Enter new principal offices address, if applicable:		150 SE 2ND AVE SUIT	E 404	<u></u>	· 
(Principal office address MUST BE A STREE		MIAMI, FL 33131			
			·		. <u></u> '
				\$.0 <u>.</u> 5	
Enter new mailing address, if applicable:		150 SE 2ND AVE SUIT	E 404	<u> </u>	- <del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	MIAMI, FL 33131		~ <u>~</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office	address on our records,	enter the name	of the new re	gistere
•		•			.^
Name of New Registered Agent:	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		<del></del>		4 materia
New Registered Office Address:	150 SE 2ND AVE SUITE 404				
		Enter Florida street			
	MIAMI		, Florida <u>3313</u>	1	
		Ciņ.	. •	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	JUAN J. FABRE		150 SE 2ND AVE SUITE 404	□Add
			MIAMI, FL 33131	□Renюve
MGR '	MARIEL A. IRRERA		150 SE 2ND AVE SUITE 404	⊡AċJ
			MIAMI, FL 33131	□Remove
				<b>■</b> Change
				□Add
				☐ Remove
				□Change
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	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	