L040001)24422

(Re	equestor's Name)			
(Ac	ldress)	**		
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B. KOHR SEP 1 0 2009

EXAMINER

09 SEP -9 PH 1:11

COVER LETTER

SUBJECT:	Xo	pus, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	09 SEP -9 PH 1:11
Please return all corresp	condence concerning this matter	to the following:	SEP -9
	; •	Juan Carlos Arguello	P. 20x 2
		Name of Person	
		Firm/Company	
	47	79 Collins Ave, #2107	
		Address	
	M	iami Beach, FL 33140	
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifical	ion)
For further information	concerning this matter, please c	all:	
Name	e of Person	at () Area Code & Daytime T	elephone 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

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

	Xopus, LLC		
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	9 1960g
(1)	Tiorida Enimed Elability Company)		SC #527
The Articles of Organization for this Limited L	iability Company were filed on	3/30/2004	and assigned
Florida document number L04000024	1422		Z GROS
Tiorida document named			1. 7
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company her	·e:	
,		_	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
The state of the s		·	
B. If amending the registered agent and/		our records, <u>enter t</u>	the name of the new
registered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:	Juan Carlos Arguello		
New Registered Office Address:			
	En	nter Florida street add	lress
		, Florida	
	City		Zip Code
NY IN I.A. I.A. A. Clause Colours Colours Colours	D		

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, Signatur 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>	Address	Type of Action
MGRM	Ernesto Arguello	4779 Collins Ave. #2107 Miami Beach, Ft. 33140	Add Remove
<u>MGRM</u>	Xavier Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	Add ✓ Remove
MGRM	Francisco X. Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	☑ Add Remove
MGRM	Juan Carlos Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	√ Add Remove
<u>MGRM</u>	Silvia Arguello	4779 Collins Ave. #2107 Miami Beach, FL 33140	Add Remove
MGRM	Olga Arguello	4779 Collins Ave, #2107 Miami Beach, FL 33140	✓Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	lugust 30, 2	009	_
	Signature of a men	mber or authorized representative of a member And Anguiello Ved or printed name of signlee	

Page 2 of 2

Filing Fee: \$25.00