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EXAMINER

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## **COVER LETTER**

TO: , Registration Section

, Division of Corporations
SUBJECT: Xp6/08AL Services, 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:
Magdalera Tomasino Name of Person  AMROCK Financial, LLC. Firm/Company
AMROCK FINANCIAL, LLC.
1111 BRICKELL AVE, Suite 1100
Address  Miami FL. 33131  City/State and Zip Code  Ftomasino Expelobar Services. (OBST BE-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Frank Tomasino at (305) 913 - 7131  Name of Person  Area Code & Daytime Telephone Number
Frank Tomasino at 305 913 - 7131  Name of Person  City/State and Zip Code  From A Sino & XPG/0Bar L Services. (OPA)  E-mail address: (to be used for future annual report notification)  Area Code & Daytime Telephone Number
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
FRANK TOMASIND at (305) 913-7131
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additiona
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

APGIOBAL SE	— — I
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L070001095</u> 3	were filed on $1-29-2007$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
AMROCK FINANCIAL The new name must be distinguishable and end with the words "Limited	LLC.
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	AR H
(Principal office address MUST BE A STREET ADDRESS)	TA T
Enter new mailing address, if applicable:	FISTAL O
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u>.                                    </u>	Add Remove
			Damassa.
	<del></del>	<u> </u>	Add Remove
			Remove
		<del>-</del>	SECOND Remove
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D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, ij	<u> </u>
Dated	ED 11 29	<u>οιι</u> . )((Ω)(1 <sub>0</sub>	
	Signature of memb	per or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00