## 107000046840

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2017 JUN 16 PH 12: 48
SECRETARY OF STATE
ANASSEE FLORIDA

MARRIE

## **COVER LETTER**

Division of Cor		٠	
XURPAS I SUBJECT:	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MANUEL BARROSO		
		Name of Person	<del></del>
	XURPAS LLC		
		Firm/Company	
	6675 RIVIERA DRIVE		
	<del></del>	Address	
	CORAL GABLES, FL, 33	3146	
		City/State and Zip Code	,
	manuel@xurpaslatam.com	to be used for future annual report r	actification)
For further information of	oncerning this matter, please c	•	(Childenon)
	oncerning this matter, prease c		
MANUEL BARROSO		786 3523915 at () Area Code Day	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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:		STREET/COU	RIER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XURPAS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 05/03/2007	and assigned
Florida document number L07000046840		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RALOP TECHNOLOGIES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6675 RIVIERA DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL, 33146	2017
Enter new mailing address, if applicable:	6675 RIVIERA DRIVE	HASSE HASSE
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL, 33146	
		STATE STATE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
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 agr	ree to act in this capacity. I further	agree to comply with the

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

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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