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C. LEWIS

APR 2 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Xeneray Labs 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:
Kevin Chrouch Name of Person
Firm/Company
8767 The esplanade
City/State and Zip Code Kchrouch & Hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mevin chrouch at (407) 466-7870 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{

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

FILED

2010 APR 23 PM 8: 39

· ×eneray (Name of the Lamited Li	Labs LL	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(AFI	ability Company as it now a orida Limited Liability Comp	any)	
The Articles of Organization for this Limited Liab Florida document number <u>LO90006</u>		June 27-2009 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability compan	<u>v here</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability C	ompany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, enter the name of the new	
		•	
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

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

$MGR\dot{M} = M$	anaging Member		
Title .	<u>Name</u>	Address	Type of Action
MGR	Kevin Chrouch	6451 old Park CN # 309 or lands F1 32835	Add Kemove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			_
	-1 . (7	F II
Dated			FILEU 2010 APR 23 PM 3: 39 LISECRETARY OF BRATE
		or authorized representative of a member	ORIDE S

Page 2 of 2

Filing Fee: \$25.00