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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

AUG 0 4 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: XTF			RAICE, LLC		
	-	Name of Lim	ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Lisette Villamor		-
			Name of Person		
			Firm/Company		- -
			P.O BOX 398941		
		.	Address.		
		M	Miami Beach, FL, 33239 City/State and Zip Code bizlinks.connections@gmail.com		
		-3 F			
For fur	her information	concerning this matter, please of	to be used for future annual report notifica	ŕ	PH 3: 08 OF STATE FLORIDA
	Lis	sette Villamor	at (_786_)5	56-1850	Dei S
	Name o	of Person	Area Code & Daytime	Felephone Numbe	T .
Enclose	ed is a check for t	the following amount:			
\$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
MAILING ARRESS		INC ADDDESS	OTTO DESCRIPTION OF THE PROPERTY OF THE PROPER	- 4 DDDEGG	

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 ARTICLES OF ORGANIZATION **OF**

XTRAICE, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	07/23/2009 and assigned
Florida document numberL0900070687	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and end with the words "Limited Liability Co"L.L.C."	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	of S
(Principal office address MUST BE A STREET ADDRESS)	609 W
	AND STATE OF THE S
	SAN S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0 3 CO
<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Fioriaa Street address
	, Florida
City	Zip Code

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, 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> **Name Address Type of Action MGRM** Francisco Ortíz Domínguez C/ EXTREMADURA NAVE 2-41909 ✓ Add SALTERAS, SEVILLA - SPAIN Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Villamor Typed or printed name of signee

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