

L09000070687

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(Address)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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T. HAMPTON

FEB 15 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: XTRAICE,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:

LISETTE VILLAMOR

Name of Person

BIZLINKS CONNECTIONS, LLC

Firm/Company

14 NE 1st Ave. 2nd Floor #229

Address

Miami FL, 33132

City/State and Zip Code

lvillamor@bizlinksconnections.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisette Villamor

Name of Person

at (786)

556-1850

Area Code & Daytime Telephone 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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XTRAICE,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2009 and assigned
Florida document number L09000070687.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14 NE 1st Ave. 2nd Floor #229

(Principal office address MUST BE A STREET ADDRESS)

Miami FL, 33132

Enter new mailing address, if applicable:

14 NE 1st Ave. 2nd Floor #229

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL, 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BIZLINKS CONNECTIONS, LLC

New Registered Office Address:

14 NE 1st Ave. 2nd Floor #229

Enter Florida street address

Miami

Florida

33132

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.

[Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOISES KABA	1840 WEST 49TH STREET, Ste. 100 HIALEAH FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

02/10/2011

Signature of a member or authorized representative of a member

Antonio Vera (Managing Director)

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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