## 110000014606

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AND ARROSSES FROMINA

B. BOSTICK

APR 12 2011

EXAMINER

## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	xo	TEC LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Shelly Rauh			
		Name of Person			
		XO TEC LLC			
	<del></del>	Firm/Company			
	2700	W. Atlantic Blvd. Ste. 266			
		Address		11 SEI	
	Pompano Beach, FL 33069			APR AHA	ertex and
		City/State and Zip Code			7
	S E-mail address: (	unbiz@xocigars.com to be used for future annual report notifica	ition)		
For further information	concerning this matter, please c	ali:		H: 52 STATE LORID	خري. ا
;	Shelly Rauh	at ( 813 ) 47	75-5101	Þ	
	of Person	Area Code & Daytime T	'elephone 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)	Certificate o Certified Co (additional c	f Status &	
MAII	LING ADDRESS:	STREET/COURIER	R ADDRESS:		

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	XO TE				
( <u>Name of the Limited</u>	Liability Compa Florida Limited I	ny as it now appears ( Liability Company)	on our records.		
The Articles of Organization for this Limited L	2/8/10	and assigned			
Florida document numberL1000001	4606				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company	," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2700 W. Atlantic Blvd. Ste. 266			
(Principal office address MUST BE A STREET ADDRESS)		Pompano Beach, FL 33069			
Enter new mailing address, if applicable:		2700 W. Atlanti	c Blvd. Ste. 266	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		Pompano Beac	h, FL 33069	AND AP	
B. If amending the registered agent and	or registered of	fice address on our	records enter i	the name of the new	
registered agent and/or the new registered or			ceords, <u>enter</u>	FAIE 1: 52	
Name of New Registered Agent:					
New Registered Office Address:	2700 W. Atlantic Blvd. Ste. 266  Enter Florida street address				
	Pon	npano Beach	. Florida	33069	
	<del></del>	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 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

MGRN	1 = Managing Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter change	(s) here: (Attach additional sheets, if necessary)	- € <del>-</del>
	Please change the addresses of both	(s) here: (Attach additional sheets, if necessary)	APR
	(SHELLY A. RAUH and STEVEN F. F	EHR) to:	CL CAMPAGE
	2700 W. Atlantic Blvd. Ste. 266,		
	Pompano Beach, FL 33069	0R10	T: 52
		A	- 12
Dated _	3 28 11 Signature of a member of	or authorized representative of a member	
	<u></u> sні	ELLY A. RAUH	
	Typed of	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00