## 1100000032455

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**EXAMINER** 

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SECREMANY OF STATE

## **COVER LETTER**

10:	Division of Cor			
SHR.IF	CCT:	XE	SCO LLC	
30 <b>B</b> 01.			ited Liability Company	<del></del>
The end	closed Articles of	. Amendment and fee(s) are sul	bmitted for filing.	·
Please 1	return all correspo	ndence concerning this matter	r to the following:	
VICTOR ORTIZ  Name of Person				
			XESCO LLC	
Firm/Company				<del></del>
1820 N CORPORATE BLVD SUITE 103 Address				TE 103
		,	WESTON, FL 33326	
		delma	City/State and Zip Code  arcontractors@yahoo.co to be used for future annual report	om '··
For furt	her information co	E-mail address: ( oncerning this matter, please o	•	notification)
		TOR ORTIZ	at (_954_)	812-1084
	Name of	f Person	Area Code & D	aytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XESCC	) LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/24/2010	and assigned
Florida document numberL10000032455			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			. <u> </u>
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:		SE	<b></b>
	En	ter Florida street addr Florida	CAST GENERAL G
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		100 100	<del>-</del>

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 MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM ROSALES, VALERIO 1820 N CORPORATE BLVD ☐ Add SUITE 103 ✓ Remove WESTON, FL 33326 FUERTES, JORGE R MGRM 8965 SW 120 ST **✓** Add Remove MIAMI, FL 33173 Remove Add Remove ·∏Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 30TH** 2010 . Dated \_\_\_ ember or authorized representative of a member

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VICTOR ORTIZ
Typed or printed name of signee

Filing Fee: \$25.00