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COVER LETTER

TO: Registration Se Division of Corp		Annual Species Control			
SUBJECT: XIMA	1 LLC				
SOBUBET,	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nelson A. Re	odriguez-Varela		_	
·		Name of Person			
TO: R	Nelson A. Ro	odriguez-Varela, F	⁷ .А.	-	
SOMEON	1190 S. LeJ			_	
<i>:</i>		Address	¢	્રિ _અ	
2.	Miami, FL 33			AEC AEC	er:Czl
The enclose	City/State and Zip Code				
Pleane in	E-mail address: (t	to be used for future annual report notificati	on)	SEE ST	Carocca.
For further information c	oncerning this matter, please c	all:			les and
Ximena Pe	nuela	786 ₂₅₂₋₂₀₀	5	I: 4:8 TATE ORIDA	V.
Name o	f Person	Area Code & Daytime Te	iephone Numbe	er	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	iling Fee, cate of Status & ed Copy onal copy is end	
The live of					
March 1					

MAILING ADDRESS:

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

For subject

inclosed,

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11

XIMA 1 LLC			., .
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)	4.5
The Articles of Organization for this Limited Liability Compa	any were filed on 05/28/2010	and ass	igned 👎
Florida document number L10000057781			. ";"
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
Brown to			
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the designa	ition "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	6/4	
over the second		جرار 33)	2 3 40 3733 ***
PRESENTED TO THE PROPERTY OF T		<u> </u>	13 3
Enter new mailing address, if applicable:		IARY ASSE	And the second
(Mailing address MAY BE A POST OFFICE BOX)			
April 1 ge			
B: If amending the registered agent and/or registered	office address on our records.	enter the name o	f the nev
registered agent and/or the new registered office address l			
<u>, galeria da</u> Ghê 1950 : ACA Part			įp:
Name of New Registered Agent:			
New Registered Office Address:			** ************************************
CPS - S	Enter Florida stre	et address	
, 	. Flori	ida	
in the second se	City	Zip Code	?

New Registered Agent's Signature, if changing Registered Agent:

Binar

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Emmaly

Thereby 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 Title (1) Name **Address** Type of Action. 1111 Brickell Avenue MGRM Maria Ximena Penuela Add **Unit 1100** au y i Mar Ba Remove talkada. Miami, FL 33131 (4)(7 ··. . : Ximena Penuela 1111 Brickell Avenue **MGRM** Walter ! Add : mor **Unit 1100** Remove MG MC (N) Miami, FL 33131 £3 : : rad Remove 111 Chipi 18 1 .,, Remove $\mathcal{G}_{p_{i},j_{i}}$... 1.14 11 Add $\alpha_{k,k}^{(i)}$ Remove

3.5

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مي شوقر	
Dated	My 12 , 12913 . 11 ()
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. ;	Signature of a phember or authorized representative of a member
£ (XIMENA PENUELA /
4	Typed or printed name of signee
~	

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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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