

6/27/13

**L10000126679**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BARBOSA LAW OFFICE  
Account Number : I201100C0049  
Phone : (305) 421-6339  
Fax Number : (305) 359-9543

2013 JUN 27 PM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JBarbosa@Barbosalegal.com

RECEIVED  
13 JUN 27 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BUSINESS X 19, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

JUN 28 2013  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BUSINESS X 19, 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:

**Julio Barbosa**

Name of Person

**Barbosa Law Office**

Firm/Company

**2000 Ponce de Leon Blvd. Ste. 625**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**jbarbosa@barbosalegal.com**

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

For further information concerning this matter, please call:

**Julio Barbosa**

Name of Person

at **(305) 421-6339**

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BUSINESS X 19, 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 12/10/2010 and assigned  
Florida document number L10000126679.

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:

(Principal office address MUST BE A STREET ADDRESS)

245 SE 1st Street

Suite 408

Miami - FL 33131-1905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 SE 1st Street

Suite 408

Miami - FL 33131-1905

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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida N/A

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 Changing Registered Agent, Signature of New Registered Agent)

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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	Alice Costa Rabello Leite	355 South Biscayne BLVD # 3112	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Amend Managing Member's (MGRM) Address to:

RABELLO, MOACYR

355 South Biscayne BLVD # 3112

Miami, FL 33131

Dated June 18, 2013

Signature of a member or authorized representative of a member

Moacyr Rabello

Typed or printed name of signer

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Filing Fee: \$25.00

2013 JUN 27 AM 8:31  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304

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