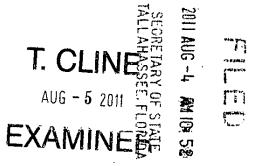
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(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of C	orporations			
SUBJECT:	X-FACTOR	PROPERTIES LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		AYSHE KADIR		
		Name of Person		
	X-FA	CTOR PROPERTIES LLC		
	-,	Firm/Company		
	4440 PG	A BOULEVARD, SUITE 600	<u> </u>	
		Address		
	PALM B	EACH GARDENS, FL 33410		
		City/State and Zip Code		
		FRAINGROWPROFIT.COM to be used for future annual report notifical	tion)	
For further information	concerning this matter, please of	· ·	27 7246 27 7246 Celephone Number (SE)	dian's m
А	YSHE KADIR	at (561) 42	27 7246 SAR Felephone Number	All parties
Name	of Person	Area Code & Daytime T	Cicpitotic ivilities	340.3500
			PE ION	Partie
Enclosed is a check for	the following amount:	•	STATE	M. same C.
₹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:

TO:

Registration Section

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

X-FACTOR PRO					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)			
e Articles of Organization for this Limited Liability Company were filed on			and assigned		
lorida document numberL10000131217					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim	ited Liability Compa	nny," the designation "L	LC" or the	abbrevia	 ation
L.L.C." Inter new principal offices address, if applicable:	4440 PGA B0	DULEVARD, SUIT	ΓΕ 6 0 03	201	
Principal office address MUST BE A STREET ADDRESS)	PALM BEAC		CR A	2	¥4
	FL 33410		TAR	G)	
	-		113-4	#	_[
nter new mailing address, if applicable:	4440 PGA B0	DULEVARD, SUIT	™ <u>⇔</u> 2000 TE	2	j
Mailing address MAY BE A POST OFFICE BOX)	PALM BEAC		ORID	Ğ	Ŧ
	FL 33410		- 5 -	<u> </u>	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter t</u>	he name	of the	new
New Registered Office Address:	En	ter Florida street add	ress	.,	
	. Florida				
And the state of t	City		Zip Cod	'e	

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 MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> AYSHE KADIR MGR 4440 PGA BOULEVARD, SUITE 600 ✓ Add ☐ Remove PALM BEACH GARDENS FL 33410 A3 ENTERPRISES LLC MGR 19946 RIVERSIDE DR □ Add ✓ Remove JUPITER. FL 33469 ☐ Add Remove ∏ Add Remove 0 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Š 1 AUGUST 2011 Dated Signature of a member or authorized representative of a member AYSHE KADIR

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00