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(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ldress)			
(Cir	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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G. MOLEOD

APR 15 2011

EXAMINER



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04/14/11--01018--020 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration : Division of Co							
SUBJECT:	Xicon	n Online LLC					
	Name of Lim	ited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	oondence concerning this matter	r to the following:					
	Michael T Audley						
Name of Person							
Xicom Online LLC							
Firm/Company							
269 Winding Vine Lane							
		Address					
Orlando Florida 32824							
		City/State and Zip Code					
E-mail address: (to be used for future annual report notification)							
For further information	concerning this matter, please of	eall:					
М	ichael Audley	at (407)	94-6453				
Michael Audley at (407) 494-6453 Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for	the following amount:						
\$25.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Xicom Or Liability Compa Florida Limited	nline LLC iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L1100000	were filed on	1/24/2011	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liat	pility company here	:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		269 Winding V	ine Lane	·······d	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, Florid	a 32824	11 APR	
Enter new mailing address, if applicable:		PO Box 47035		ARY OF	
(Mailing address MAY BE A POST OFFICE BOX)		Celebration, Florida 34747		FIGRED STATE	
B. If amending the registered agent and/or the new registered of			r records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	Michael T A	udley Jr			
New Registered Office Address:	269 Winding Vine Lane				
	Enter Florida street address				
		Orlando	, Florida	32824	
New Registered Agent's Signature, if changing F	Registered Agent	City		Zip Code	

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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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** <u>Name</u> **Address** Type of Action MGRM Madalina Audley PO Box 470351 **✓** Add Remove Celebration, Florida 34747 ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change the address for MGRM Michael T Audley Jr to PO Box 470351 Celebration, Florida 34747 April 7 Dated ___ Signature of a member or authorized representative of a member Michael T Audley Jr Typed or printed name of signee

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Filing Fee: \$25.00