L11000038585

Florida Department of State

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

L. SELLERS
JUN 24 2011
EXAMINER

From:
Account Name : BARBOSA LAW OFFICE
Account Number : I20110000049
Phone : (305)421-6339
Fax Number : (305)359-9543

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
X-2 USA REALTY, LLC

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To: Division of Corporations	From: Julio Barbosa
Fax: 1-850-617-6383	Pages: 5
Re:	Date: June 23, 2011

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2000 Ponce de Leon Blvd. Suite 625, Coral Gables, FL 33134

H11000166 1993

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: X-2 USA Realty, 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 C. Barbosa, Esq.
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 C. Barbosa, Esq. at (305) 421-6339
Name of Person — 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

H11000166 1993

H11000166193

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

X-2 USA Realty, 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 3/30/2011 and assigned Florida document number L11000038585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

2000 Ponce De Leon Blvd., Ste. 653
Coral Gables, FL 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2000 Ponce De Leon Blvd., Ste. 653
Coral Gables, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Julio C. Barbosa, Esq.

New Registered Office Address: 2000 Ponce De Leon Blvd., Ste. 625
Enter Florida street address

Coral Gables, Florida 33134
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

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 13, 2011

Signature of a member or authorized representative of a member

Carlos Eduardo Malagoni
Typed or printed name of signee

Filing Fee: $25.00

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