

L110000 42352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

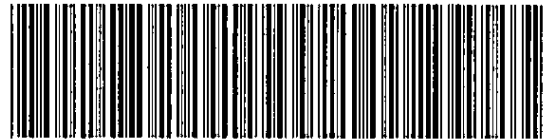
(Business Entity Name)

(Document Number)

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2019 AUG -9 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. LEMIEUX  
AUG 14 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** X-NODO 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:

CAROLYN KAHL

\_\_\_\_\_  
Name of Person

ROCA GONZALEZ P.A.

\_\_\_\_\_  
Firm/Company

3370 MARY STREET

\_\_\_\_\_  
Address

MIAMI, FL 33133

\_\_\_\_\_  
City/State and Zip Code

CKAHL@RGPA.COM

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

For further information concerning this matter, please call:

CAROLYN KAHL

305 859-6050  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

X-NODO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

2019 AUG -9 P 3 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/08/2011

Florida document number L11000042352

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1395 BRICKELL AVE #800

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

1395 BRICKELL AVE #800

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33131

**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:

SAMUEL GUZMAN

New Registered Office Address:

1395 BRICKELL AVE #800

Enter Florida street address

MIAMI

City

, Florida 33131

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
X	GERARDO A DOMINGUEZ	1395 BRICKEL AV 800	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	GABRIEL H NOBILE	1395 BRICKELL AVE # 800	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee