Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

: (305)670-1991

: (305)670-1993 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XENEISE LLC

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K. SALY EXAMINER

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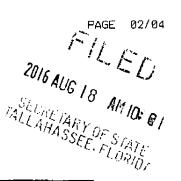
Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



XENEISE LLC		1.08/0r
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	(5.)
The Articles of Organization for this Limited Liability Company Florida document number L11000055743	were filed on 05/11/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new same must be distinguishable and contain the words "Limited Liable	lity 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
7		
		
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 		s, enter the name of the r
	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	38
	**************************************	orida
	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 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

08/17/2016 17:26 3056701993

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>	Address	Type of Action
MOR	ENRIQUE RODENAS	9130 S DADELAND BLVD	
		STE 1509	□ Remove
		MIAMI FL, 33156	Change
MGR	BERALDI, FABIAN	9130 S DADELAND BLVD	□ Add
		STE 1509	■ Remove
		MIAMI FL, 33156	☐ Change
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record specifies a delayed The 90th day after the reco		ot an effective tim	e, at 12:01 a.ı	m. on the earlier o
AUGUST 17	2016	_		
	·	2011	2/2	
		and the same		
	ignature of a member or auth	iorized representative of	member	