## L11000090785

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## **COVER LETTER**

10.	Division of Corpor				
SUBJE	CT:	TEXE	BATAL LLC	•	
		Name of Limit	ted Liability Company		<del></del>
The end	closed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please 1	return all corresponde	nce concerning this matter	to the following:		
	_	RO	SANA FIJALKOWSK	(Y	
			Name of Person		
		TEAM REAL	. ESTATE MANAGEI	MENT LLC	
Firm/Company					
2801 NE 208 TERRACE, SECOND FLOOR					
	Address				
,		Α'	VENTURA, 33180 FL	-	
	_		City/State and Zip Code		<del></del>
ROSA		ROSANA@	TEAMREMANAGEM	ENT.COM	
		E-mail address: (to	o be used for future annual rep	ort notification)	
For furt	her information conce	erning this matter, please ca	all:		
	ROSANA F	IJALKOWSKY	at (_305_)	454-0	)195
	Name of Per	son	Area Code &	Daytime Teleph	one Number
Enclose	ed is a check for the fo	llowing amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	<u> </u>	]\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	XBATAL, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)	
	, , , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability O	Company were filed on	08/08/2011	and assigned
Florida document number L11000090785	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	iny," the designation	"LLC" or the abbreviation
"L.L.C."			ALI SEL
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		ASA =
			SA W
Enter new mailing address, if applicable:		Ċ	
(Mailing address MAY BE A POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis		our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office add	lress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		ldress
		, Florida _	
	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TEAM REAL ESTATE MAN	2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	✓ Add ☐ Remove
<u>MGRM</u>	RIVA, FERNANDO H.	2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	☐ Add ☑ Remove
MGRM	YAKEVICIUS, MARIAANGI	2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	☐ Add ☐ Remove
MGRM	RIVA, MARIANO M.	2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	ALLAHASS
<u>MGRM</u>	COVA, MARIA J	2801 NE 208 TERRACE 2ND FLOOR AVENTURA, FL 33180	3 Add Add Add Add Add Add Add Add Add Ad
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if n	Add Remove
_			
Dated		014	
	<del>-</del>	or authorized representative of a member	
		ANA FIJALKOWSKY  or printed name of signee	

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Filing Fee: \$25.00