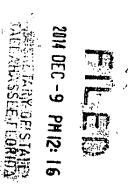
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فيعف المتشاحيات

DECITO 2014 D. BRUCE

## COVER LETTER

Division of	f Corporations		
SUBJECT: XG1	LLC		
	Name of Limited Liability Company		
The enclosed Article	es of Amendment and fee(s) are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
	Alexandre Pereira		
	Name of Person		
	Firm/Company		
•	27440 Cedar Park CT		
	Address		
	Wesley Chapel / FL / 33544		
	City/State and Zip Code amrpereira@gmail.com	Terry of the same	
	E-mail address: (to be used for future annual report notification)	<b>1 2 1 1</b>	andje ij
For further informati	ion concerning this matter, please call:	<b>DEC</b> -	i jin
Alexandre Pere	at( )	9 2	
	ame of Person Area Code Daytime Telephone Number	MIZ: I6	
	for the following amount:		
□ \$25.00 Filing Fe	ee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status & opy	

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

XG1 LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears of Liability Company)	n our records.)			
The Articles of Organization for this Limited L. Florida document number L11000096440				and	d assig	ned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:	:			
The new name must be distinguishable and end with the	words "Limited Liah	oility Company," the desi	ignation "LLC" or th	he abbreviat	on "L.I	C."
Enter new principal offices address, if applic	cable:	27440 Cedar F	Park CT			
Principal office address MUST BE A STREE	ET ADDRESS)	Wesley Chape	el / FL / 33544			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	BOX)	27440 Cedar F Wesley Chape	<del></del>		· · · ·	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	ur records, <u>ent</u>	er the na	me of 2014 DE	f the ne
Name of New Registered Agent:	Alexandre F	<sup>2</sup> ereira		<b>重</b> 相	<u>-</u>	aparati
New Registered Office Address:	27440 Ceda			YES.	٠	
	Wesley Cha	Enter Florida apel	street address, Florida	三 33 <b>544</b>	PH 12:	
		City	, Fiolida	= Z# C	og	

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

Page 1 of 3

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

MGR = Manager '
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Antonio Assumpcao	825 Brickell Bay Drive 1151	
		Miami, FL 33131	Remove
AMBR	Antonio Assumpcao	825 Brickell Bay Drive 1151	
		Miami, FL 33131	■ Remove
-			<del></del>
MGR	Alexandre Pereira	27440 Cedar Park CT	<b>=</b> Add
		Wesley Chapel, FL 33544	Remove
AMBR	Alexandre Pereira	27440 Cedar Park CT	<b>=</b> Add
		Wesley Chapel, FL 33544	Remove
		<u></u>	24 Per 23 Per 25
			Add PH Remove
			□ Remove

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tive date, if other than the date of filing:	(optional)
tive date, if other than the date of filing:  [ective date must be specific, cannot be prior to date of recte this document is filed by the Florida Department of Sta	ceipt or filed date and cannot be more than 90 days after
fective date must be specific, cannot be prior to date of recte this document is filed by the Florida Department of Sta	ceipt or filed date and cannot be more than 90 days after tte)
fective date must be specific, cannot be prior to date of recte this document is filed by the Florida Department of Sta	ceipt or filed date and cannot be more than 90 days after tte)
fective date must be specific, cannot be prior to date of recte this document is filed by the Florida Department of State December 5 20°	ceipt or filed date and cannot be more than 90 days after tte)

Page 3 of 3

Filing Fee: \$25.00

