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EXAMINER



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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Robicon X 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:
Alexis Montalban  Alexis Montalban  Alexis Montalban  Alexis Montalban  Alexis Montalban  Alexis Montalban  Firm/Company  40 Pennington Way  Address  Spring Valley NY 10977  City/State and Zip Code  alexis montalban Duerizon net  E-mail address: (to be used for future annual report notification)
alexis montalban Querizan net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same as above at (845) 480 4027  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

### 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** 

Kubicon X,	TTC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now a Liability Compa	<b>ppears on ou</b> any)	ir records.)	
The Articles of Organization for this Limited Liability Company	were filed on			and assigned
Florida document number				
This amendment is submitted to amend the following: Remon.  ON &  A. If amending name, enter the new name of the limited liable	ove me member ility company	mbers, lom, where:	to mak pany. (	see company (see pase a
The new name must be distinguishable and end with the words "Limit L.L.C."	ted Liability C	ompany," the	e designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			ALLAHAS	1 NO 11
Enter new mailing address, if applicable:			SEE.	2 III
Mailing address MAY BE A POST OFFICE BOX)			FLORIDA	-: D
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our rec	ords, enter th	ne name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	rida street addr , Florida	ess
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:		\		
hereby accept the appointment as registered agent and agre he provisions of all statutes relative to the proper and compl	e to act in th	is capacity.	I further agre	e to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGB	M Kelsey Montalban	40 Pennington Way Spring Valley NY 10972	Add ⊠ Remove				
MG-RI	M Gloria E Giraldo	40 Pennington Way Spring Valley MY 10977	Add Remove				
	M Alexis Montalbon	40 Pennington Way Spring Valley NY 10977					
MG-RN	ANTONIO CONCEPCION	PO BOX 999 Lajas Puedo Rico	Add Remove				
		AL A	Z ∏Add Z ∏Add				
		ASSEE,					
D. 16			© Remove				
		s) here: (Attach additional sheets, if necessary.)	, ,				
		v be a Non-member manage					
-	<b>V</b>	Rubicon X LLC. He is stil					
<u>:</u>	to carry out all the en	numerated duties and powers	_ Fom the				
(	irlicles of operation and	is a legal orthorized top	ne sentation				
	or the new manager me	· ·	_				
	November 7, 201	1/ .					
		The 11th					
Signature of a member or authorized representative of a member							
	Alexi	15 Montalban					
	Typed or	r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00