

L11000135618 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

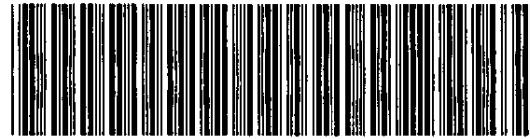
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC -2 PM 5:02

B. BOSTICK

DEC - 5 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IXXIXON, 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:

GERARDO IGLESIAS

Name of Person

Firm/Company

3663 SW 8TH STREET SUITE 210

Address

MIAMI FLORIDA 33135

City/State and Zip Code

bernardosaruski@hotmail.com

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

For further information concerning this matter, please call:

GERARDO IGLESIAS

Name of Person

305 5942299

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IXXICON, LLC

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

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 12/2011 and assigned Florida document number L11000135618.

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 end with the words "Limited Liability 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)

3663 SW 8TH STREET SUITE 210

MIAMI FLORIDA 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GERARDO IGLESIAS

New Registered Office Address:

3663 SW 8TH STREET SUITE 210

Enter Florida street address

MIAMI

City

Florida 33135

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.

Gerardo Iglesias
If Changing Registered Agent, Signature of New Registered Agent

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

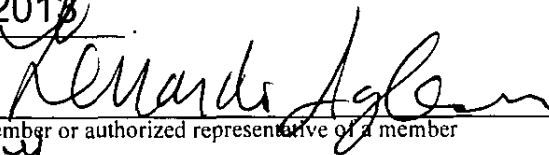
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SANDRA VIVIANA MEZA	8069 NW 67TH STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33166	<input checked="" type="checkbox"/> Remove
MGR	EDGARDO AURELIO NESOSI	8069 NW 67TH STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 OFFICE OF THE SECRETARY
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 21, 2018



Signature of a member or authorized representative of a member

GERARDO IGLESIAS

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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