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| Special Instructions to | Filing Officer: | į | | |
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J. BRYAN

MAR 2 6 2012

EXAMINER

COVER LETTER

| TO; | Registration S Division of Co | | | |
|-------------------------------|----------------------------------|--|--|---|
| SUBJE | ECT: | A | AIXO LLC | |
| , | | Name of Lim | nited Liability Company | |
| The end | closed Articles o | f Amendment and fee(s) are su | bmitted for filing. | · |
| Please 1 | return all corresp | oondence concerning this matte | er to the following: | |
| | | | Eduardo Ruano | |
| | | • | Name of Person | |
| Serber & Associates, P.A. | | | | |
| | | | Firm/Company | |
| 2875 NE 191 Street, Suite 801 | | | | TILL HAR 23 P |
| | | | Address | |
| | | А | ventura Florida, 33180 | AR 23 PH |
| | | | City/State and Zip Code | SET R |
| | | E-mail address: | r@serberlawfirm.com (to be used for future annual report not) | مبيد الله <u>المبي</u> د الله المبيد المبيد الله المبيد المبي |
| For furt | her information | concerning this matter, please | • | |
| 1 OI TUIL | ner information | concerning this matter, please | can. | |
| | | luardo Ruano | at (_305_) | 932-6262 |
| | Name | of Person | Area Code & Daytir | ne Telephone Number |
| Enclose | d is a check for t | the following amount: | | |
| \$25. | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regist Divisio | LING ADDRESS: ration Section on of Corporations dox 6327 | STREET/COUR Registration Secti Division of Corpo Clifton Building | on |

Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | AIXO LLC | | | | |
|---|---|------------------------------|-------------------------|--|--|
| (Name of the Limited (A | Liability Company as it now appea Florida Limited Liability Company) | rs on our records. | | | |
| The Articles of Organization for this Limited L | iability Company were filed on | 2/16/2012 | and assigned | | |
| Florida document number L1200002 | 3358 | | | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liability company he | re: | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limited Liability Comp | any," the designation "L | LC" or the abbreviation | | |
| Enter new principal offices address, if applic | able: | | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | 22 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | FORETASSEE TO | | |
| B. If amending the registered agent and/registered agent and/or the new registered of | | our records, <u>enter t</u> | 20 8 | | |
| Name of New Registered Agent: | | | <u> </u> | | |
| New Registered Office Address: | E | star Florida street add | MORE | | |
| | En | Enter Florida street address | | | |
| | City | , Florida | 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Type of Action **Address** MGR Veronica Mitnik 2875 NE 191 Street, Suite 801 ☐ Add Aventura Florida, 33180 ✓ Remove ☐ Add Remove ___ Add Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 22 Signature of a member or authorized representative of a member DANIEL J. SEZZEZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00