## 112000107699

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## **COVER LETTER**

Division of Corp	porations		
SUBJECT: EX MA	N REALTY, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	adence concerning this matter	to the following:	
	ELIO R. (		
		Name of Person	
	EX MAN REA	LTY, LLC	
		Firm/Company	
	4924 SW 14	2ND PL	
		Address	
	MIAMI, FL	33175	
		City/State and Zip Code	
	daniel@dcifi	lms.com	
	E-mail address: (1	o be used for future annual report notificati	(in)
For further information co	ncerning this matter, please c	all:	
ELIO R	. CALVO	at ( <u>305</u> ) 553-6260	ijm 📜
Name of	Person	Area Code & Daytime Te	lephone Number
			•
Enclosed is a check for the	e following amount:	•	
S25.00 Filing Fee	□S30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	As60.00 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

TO:

**Registration Section** 

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

EX MAN REALTY, LLC.				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability (	Company were filed on _	08/17/2012	and assi	gned
Florida document number L12000107699	·•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :		
XMEN REALTY, LLC.				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Cor	npany," the designation	"LLC" or the at	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	1 ;
			77 L	i muse.
				\$ 0 TOTAL
Enter new mailing address, if applicable:				The state of the s
(Mailing address MAY BE A POST OFFICE BOX)			· 图图 左	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address o lress here:	n our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
		Enter Florida street a	ddress	_
		, 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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
<u></u>			Add
			Remove
			No IT
			-Add
			Remove
			Add
			Remove
			······································
			Add

Remove

. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	June 26th . 2013.
_	Clublely
	Signature of a member or authorized representative of a member
	ELIO R. CALVO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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