113000065441

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Section of the sectio

MAY 2 9 2013 B. KOHR

COVER LETTER

Division of Co	orporations	v	
SUBJECT: X	GeN Solutions LLC		
	Name of Limit	ed Liability Company	
			٠ الله الله الله الله الله الله الله الل
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	TALLAHASSEL LOATE
Please return all corresp	ondence concerning this matter	to the following:	
			28 14 15
	Cindi Infiesto		
	Cindi Initesto	Name of Person	
	TO NO LA	TT.0	,
	XGeN Solution		
		Firm/Company	
	13410 Parker (Commons Blvd, #101	
		Address	
	Fort Myers, F	L 33912	
		City/State and Zip Code	
	cindi@legm;	gt.com	
	E-mail address: (t	o be used for future annual report notificati	on)
For further information	concerning this matter, please c	all:	
Cindi Int	fiesto		
	of Person	at (239) 707-6000 Area Code & Daytime Te	elephone Number
			•
	d. 6.11		
Enclosed is a check for	the following amount:	•	
S \$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:

TO:

Registration Section

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

XGeN Solution	ns LLC		
(Name of the <u>Limited</u>) (A	Liability Company as it nov Florida Limited Liability Co	w appears on our records.) mpany)	37
C5441	ability Company were filed	on May 1, 2013	and assigned
Florida document number <u>L13000064744</u>	 -		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
	N/A		
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liabilit	y Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble: NA		
Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE E			
-	end the following: ew name of the limited liability company here: A		
		ess on our records, enter t	he name of the new
registered agent and/or the new registered off	<u>ice address here</u> :		
Name of New Registered Agent:	Cindí Infiesto		
New Registered Office Address:	13410 Parker Comm		
	·	Enter Florida street add	ress
	Fort Myers	, Florida	33912

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGMR	Steffen Bighams	13410 Parker Commons Blvd , Suite 101	Add
	•	Fort Myers, FL 33912	Remove
MGMR	Adam Infiesto	13410 Parker Commons Blvd , Suite 101	Add
		Fort Myers, FL 33912	Remove
			Remove
			Add
			Remove
			Remove
			
			Remove

	sary.)
May 23	
Newhold Topes to	
Signature of a member or authorized representative of a member	
Nicolas Infiesto	

Page 3 of 3

Filing Fee: \$25.00