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COVER LETTER

TO:							
CHID IE	=	,					
SODJE	C1:		ed Liability Company	··· ·			
The enc	Registration Section Rivision of Corporations CMI VENTURES, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: CARLOS HURST Name of Person CMI VENTURES, LLC Firm/Company 1016 F. OSCEOLA PARKWAY Address KISSIMMEE, FL 34744 City/State and Zip Code XIONGROUPLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: CARLOS HURST Name of Person 407 A44-1012 Area Code Daytime Telephone Number inclosed is a check for the following amount: a \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)						
Please re	eturn all correspond	lence concerning this matter to	o the following:				
		CMI VENTURES, LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: CARLOS HURST Name of Person CMI VENTURES, LLC Firm/Company 1016 F. OSCEOLA PARKWAY Address KISSIMMEE, FL 34744 City/State and Zip Code XIONGROUPLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: HURST 407 344-1012 Name of Person Area Code Daytime Telephone Number is a check for the following amount: Diffing Fee Scientificate of Status Certificate of Status Certificate of Status & Certificed Copy Certificate Copy					
			Name of Person				
	CMI VENTURES, LLC						
			Firm/Company				
		1016 E OSCEOLA PARKW	VAY				
			Address				
		KISSIMMEE, FL 34744					
	* ** ** ** ** ** ** ** ** ** ** ** ** *	XIONGROUPLLC@GMAI	L.COM				
	;:	E-mail address: (to	be used for future annual report notifica	ition)			
For furt	her information con	cerning this matter, please ca	II:				
CARLO	OS HURST			•			
	Name of I	Person	Area Code Daytime T	elephone Number			
Enclose	d is a check for the	following amount:					
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			

MAILING ADDRESS:

1 1

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

CMI VENTURES, LLC				
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	ı		
The Articles of Organization for this Limited Liability Company were file. Florida document number	d on		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability com	pany here:			
XION GROUP, LLC				
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" of	or the abb	reviation "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
<u></u>			· · · · · · · · · · · · · · · · · · ·	
		, .	(4.35 (039) (37) (37)	
Enter new mailing address, if applicable:		<u> > 20</u>		<u>~n</u>
(Mailing address MAY BE A POST OFFICE BOX)		7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		James
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B. If amending the registered agent and/or registered office add	ress on our records,	enter	<u>he nam</u>	e of the nev
registered agent and/or the new registered office address here:		≯	<u>.</u>	•
Name of New Registered Agent:		~		
New Registered Office Address:				
	Enter Florida street address			
	Flor	ida		

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
MGR	MARIA DEL CARMEN HURST	1016 E OSCEOLA PARKWAY		⊞ Add
		KISSIMMEE, FL 34744		= Add
		i i		□ Remove
				Change
				🗀 Add
			<u></u>	Remove
				Change
			<u></u>	□ Add
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			STATE 5	

If amending any other inform	nation, enter cha	ange(s) here:	(Attach additioi	aal sheets, if n	ecessary	v.)	
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ffective date, if other than th	ne date of filing:	·		(o	ptional)		<0.7 0.00 F
`an effective date is listed, the date medical lifthe date inserted in this locument's effective date on the	block does not me	et the applicab	date of filing or mo le statutory filing	re than 90 days a requirements,	this date) Pursuan will not	be listed as
e record specifies a delay The 90th day after the re		ate, but not a	an effective ti	me, at 12:0	1 a.m.	on the	earlier of
JULY 27 Dated	_	2016				652 CW CW	
	,				AETA	() ()	accompany
	Signature of a m	ember or authoriz	ed representative of	of a member	13 3355 10 A80	29	ED
CARLOS HURST					073 15	U W	O

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00