45000 211116

(Re	questor's Name)	
(Ad	dress)	
— (Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

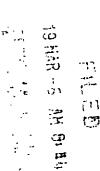
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	QIXI GRO	UP, LLC		
3004	r.c.i.	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			JUAN GONZALEZ	
			Name of Person OIXI GROUP LLC	
Firm/Company				
		134241 SOI	UTH SHORE BLVD, SUITE 302	
			Address	
		W	ELLINGTON FL 33414	
			City/State and Zip Code QIXIBOX@GMAIL.COM	
			to be used for future annual report notif	ication)
For fu	rther information o	oncerning this matter, please ca	all:	
JUAN	G GONZALEZ		786 277 99 59	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
≅ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	QIXI GROUP, LLC	
(Name of the Limited L (A.)	iability Company as it now appears on our records. lorida Limited Liability Company)	1
The Articles of Organization for this Limited Liabi Florida document number L15000211116	lity Company were filed on 12/21/2015	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L"
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		± 69 2: 59
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	 -
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flor	ida
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	REINALDO ALVAREZ	29 EAST 9TH CT. HIALEAH FL 33010	■ Add
			□ Remove
			Change
			Add
			Remove
		 	Change
			Add
			Remove
			Change
			Add
		□ Remove	
			Change
		 	
		☐ Remove	
		A	☐ Change
			☐ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
QIXI GROUP LLC SELLS 1% (ONE PERCENT) OF THE TOTAL SHARES TO REINALDO ALVAREZ
03/05/2019
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 07/13/26/4/ Signature obtaining of authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00