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## **COVER LETTER**

TO: Registration S Division of Co										
	GUE PEMBROKE LLC		*							
SUBJECT:	***************************************	•								
30tan.e.r	Name of Lin	nited Liability Company	<del></del>							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.								
Please return all corresp	ondence concerning this matter	to the following:								
	ALEJANDRO GUERREI	RO								
		Name of Person								
	XIMI PEMBROKE LLC									
		Firm/Company								
	6713 NW 84TH AVENUI									
	· · · · · · · · · · · · · · · · · · ·	Address								
	MIAMI, FLORIDA 3316		: 73							
	BUSINESS@GAROTAST	City/State and Zip Code ORE.COM								
	E-mail address; (	to be used for future annual report notificati	on)							
For further information	concerning this matter, please of	all:	. ; )							
ALEJANDRO GUERE	-	323 518-5313								
		nt ( )								
Name	of Person	Area Code Daytime Tel	ephone Number							
Enclosed is a check for	the following amount:									
■ \$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 Addre		Street Address:								
Registration	Section Corporations	Registration Section Division of Corporations								
P.O. Box 63		The Centre of Talla								
Tallahassee		2415 N. Monroe St								

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Com	pany as it now appears on our records.)  Liability Company)		
	(A Florida Limite	Liability Company)		
The Articles of Organization for this Limited E Florida document number		ny were filed on 5/2/19	and	d assigne
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
XIMI PEMBROKE LLC				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or the	abbreviatio	n "L L.C."
Enter new principal offices address, if appli	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records, <u>enter the na</u>	me of the	e new res
Name of New Registered Agent:	SAME		<del></del>	<u> </u>
New Registered Office Address:			• • •	
New Registered Office Address.		Enter Florida street address	-	ć.; 
		<b></b>		(A)
		, Florida _	Zın C	

## 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 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> N/A	Address	Type of Action
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			□Remove
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_	<u> </u>	<u> </u>	Signature of	of a men	aber or a	uthorize	d represe	ntative o	fa meml	жг				