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D ENVICE

COVER LETTER

TO: Registration Sc Division of Cor			,		•		
	UE BAYSIDIALLC	•	.*	•			
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SUBJECT: 4	Name of Lin	nited Liability Company		- `			
T1 . 1 . 1							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	AT THAN TAINEY OF THINK T	17)					
	ALEJANDRO GUERREI	O					
	·	Name of Person		_			
	XIMI BAYSIDE LLC						
		Firm/Company		_			
	6713 NW 84TH AVENUE						
	 		·	_			
	N (1 N (1 LT (N))) N 22 (7)	Address					
	MIAMI, FLORIDA 33160)					
		City/State and Zip Code	 	_			
	BUSINESS@GAROTAST						
	E-mail address: (to be used for future annual report	(notification)	- /^	(;)		
For further information of	oncorning this motter, player a	الم		, -	• **		
For further information concerning this matter, please call:							
ALEJANDRO GUERRERO 323 548-5313							
Name o	f Person	at () Area Code D:	ivtime Telephone Numb	er ·	— <u></u> ;		
					 ()		
Enclosed is a check for the	ne following amount:				r 3		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Centific	cate of Sed Copy	Status &		
Mailing Addres		Street Addres					
Registration S Division of C		Registration	Corporations				
P.O. Box 632			of Tallahassee				
Tallahassee, F		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XIMIVOGUE BAYSIDE LLC				
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited I		my were filed on	and assi	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u> XIMI BAYSIDE LLC	of the limited li	ability company here:		
	1 00 1 1 1 1 1	122. (2)	11 12 05	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		N/A	e abbreviation "L.I	C.
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	EBOX)		-	
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our records, enter the n	ame of the new	regist
Name of New Registered Agent:	SAME			
New Registered Office Address:		Enter Florida street address		•
			. <u>:</u>	:
		, Florida	Zih Gasta	
		54Q	in Cone	

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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			Tremove
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