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COVER LETTER

| TO: Registration Division of C | | | | • | | |
|--------------------------------|--|---|--------------------|----------------|-------------|--------------|
| XIMIVO | GUE FLORIDA BROWARD L | LC | è | , , | | |
| SUBJECT: | <u> </u> | | | | | |
| | Name of Lin | nited Liability Company | | · · · · · | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | | |
| | ALEJANDRO GUERREI | RO | | | | |
| | | Name of Person | | | • | |
| | XIMI BROWARD LLC | | | | | |
| | | Firm/Company | | | | |
| | 6713 NW 84TH AVENUE | <u>:</u> | | | | |
| | | Address | - | | | |
| | MIAMI, FLORIDA 33160 | 5 | | | C | 123 |
| | BUSINESS@GAROTAST | City/State and Zip Code ORE.COM | • | | | 7 |
| | E-mail address: (| to be used for future annual | l report notificat | ion) | | 0 |
| For further information | concerning this matter, please c | all: | | | | , |
| ALEJANDRO GUERE | | | 18-5313 | | | Θ |
| | | at () | | | ,— | |
| Name | of Person | Area Code | Daytime Te | lephone 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 end | | Certified | e of Status | |
| <u>Mailing Addr</u> | :SN: | Street A | ddress: | | | |
| Registration | Section | Registr | ation Sectio | | | |
| Division of C P.O. Box 63 | Corporations | | n of Corpor | | | |
| 1.O, DOX 03 | <i>≟ 1</i> | ine Ce | ntre of Talla | ınassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| XIMIVOGUE FLORIDA BROWA | RD LLC | | | | | |
|---|--|--|---------------------------|-------------|-------------|---------|
| (Name of the Limit | ted Liability Com (A Florida Limite | npany as it now appears ad Liability Company) | on our records.) | | | |
| The Articles of Organization for this Limited L Florida document number | | ny were filed on | 19 | | and assig | ned |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name o | f the limited li | ability company her | <u>e</u> : | | | |
| he new name must be distinguishable and contain the v | vords "Limited La | ability Company," the des | agnation "LLC" or th | ne abbrevia | ation "L.L. | C." |
| Enter new principal offices address, if applic | | N/A | | | | |
| <u>Principal office address MUST BE A STREE</u> | ET <u>ADDRESS)</u> | . | - | | | |
| Enter new mailing address, if applicable: | | N/A | | - CD | 2727 | - 1 |
| • | D/180 | | - | · : | | , |
| Mailing address MAY BE A POST OFFICE | <u>DOA)</u> | | | | 0 | - |
| | | | | | | |
| 3. If amending the registered agent and/or agent and/or the new registered office addre | registered officess here: | ce address on our re | cords, <u>enter the i</u> | name of | thé'new | rēgiste |
| Name of New Registered Agent: | SAME | | <u> </u> | | | |
| New Registered Office Address: | | Enter Florid | da street address | _ | | |
| | | | . Florida | ı | | |
| | | City | | | ip 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 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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