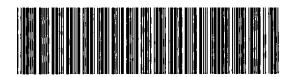
# M10000002928

(Red	questor's Name)	<u>,</u>			
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
MI-2928 (Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	Filing Officer:				
		:			

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SECRETARY OF STATE

ALLASSEE FERSION

		COVER LETT	CER		
TO:	Registration Section Division of Corporations			्रम्भ । प्रमा	
SUB		G MANAGEMEN			
	Name o	of Foreign Limited Liab	ility Company	/	
Dear	Sir or Madam:				
The e	enclosed application, certificate ar	nd fee(s) are submitted f	or filing.		
Pleas	e return all correspondence conce	erning this matter to the	following:		
<u></u>	NORMAN NEF	<u> </u>	_		
	Name of Person	n			
	IIG MANAGEME	ENT	_		
	Firm/Company				
	1170 KANE CONCOURS	SE STE 404	_		
	Address				
	BAY HARBOR ISLANDS	S, FL 33154			
	City/State and	Zip Code	-		
	DRNEPO@II				
E-1	mail address: (to be used for futur	e annual report notifica	tion)		
For fi	urther information concerning this	s matter, please call:			
<u></u>	NORMAN NEPO	at ( 305	)	9362000	
	Name of Person	Area Code	& Daytime T	elephone Number	
	STREET/COURIER ADDRI	ess: \)	MAILING	ADDRESS:	
	Registration Section		Registratio		
مولاك	Division of Corporations			f Corporations	
( to	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6 Tallahasse	327 e, Florida 32314	
	osed is a check for the following				
<u> </u> \$2	5 Filing Fee \$30 Filing Fe Certificate o		_	\$60 Filing Fee, Certificate of Status	&
				Certified Copy	



January 9, 2012

NORMAN NEPO 1170 KANE CONCOURSE SUITE 404 BAY HARBOR ISLANDS, FL 33154

SUBJECT: IIG MANAGEMENT LLC

Ref. Number: M1000002928

We have received your document for IIG MANAGEMENT LLC and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 212A00000445

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

# SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Depart State: IIG MANAGEMENT LLC	ment c	of	
2.	Jurisdiction of its organization: DELAWARE	SECT	12,	
	· ·	All AS	W :	Ŧ
3.	Date authorized to do business in Florida: JUNE 30,2010	SEET, F	<b>9</b>	LED
	SECTION II (4-7 complete only the applicable changes)	STAI	ڼ	_
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? OCTOBER 3, 20	AT THE	<b>3</b> 6	
5.	New name of the limited liability company: XION MANAGEMENT LLC (must end with "Limited Liability Company," "L.L.C.,"	or "LLC	<del>Z.")</del>	
Fl th	f name unavailable, enter alternate name adopted for the purpose of transacting busin orida and attach a copy of the written consent of the managers or managing members e alternate name. The alternate name must end with "Limited Liability Company," "I "LLC.")	adopt		
6.	If the amendment changes the period of duration, indicate new period of duration:			
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction	:		
8.	If the amendment corrects any false statement, indicate the statement being correct correction:	ted ar	nd the	<b>;</b>
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized.  Signature of a member of the authorized representative of a member NORMAN NEPO - MGRM			etion
	Typed or printed name of signee			

Filing Fee: \$25.00

# Delaware

PAGE 1

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "IIG MANAGEMENT LLC",

CHANGING ITS NAME FROM "IIG MANAGEMENT LLC" TO "XION MANAGEMENT

LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF OCTOBER, A.D.

2011, AT 4:07 O'CLOCK P.M.

4798289 8100

120042797

AUTHENT CATION: 9294003

DATE: 01-12-12

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 04:07 PM 10/03/2011 FILED 04:07 PM 10/03/2011 SRV 111062332 - 4798289 FILE

## STATE OF DELAWARE

### CERTIFICATE OF AMENDMENT

OF

### **IIG Management LLC**

FIRST: The name of the Limited Liability Company is: IIG Management LLC

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

RESOLVED, that the Certificate of Formation of the Limited Liability Company be amended by changing the article thereof numbered "FIRST" so that, as amended said Article shall be and read as follows:

FIRST: The name of the Limited Liability Company is:

### XION MANAGEMENT LLC

Signature

Name: Noeman Nego - Print Name

Authorized Person MGRA