

LO7000079623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

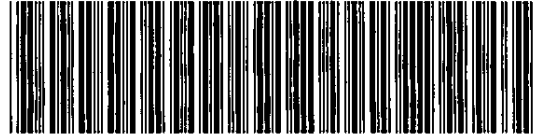
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2016 AUG 18 A 11:57

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2016 AUG 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XIMAGOL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO OLIVA
Name of Person

Firm/Company

42 ELM STREET
Address

WELLESLEY, MA 02481
City/State and Zip Code

mariooliva61@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO OLIVA at (617) 834-5993
Name of Person Area Code Daytime Telephone 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 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

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2016 AUG 19 AM 11:5
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

XIMAGOL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/03/2007 and assigned Florida document number L07000079623.

This amendment is submitted to amend the following:

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

42 ELM STREET

WELLESLEY, MA 02481

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 ELM STREET

WELLESLEY, MA 02481

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIO OLIVA

New Registered Office Address: 441 CASTANIA AVE

Enter Florida street address


CORAL GABLES, Florida

City

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83146
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:

MGRM = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VOLMARES, S.A.	GALINDO ARIAS LOPEZ	<input type="checkbox"/> Add
		SCOTIA PLAZA NO. 18	<input checked="" type="checkbox"/> Remove
		C. PANAMA, PANAMA	<input type="checkbox"/> Change
MGRM	MARIO OLIVA	42 Elm Street	<input checked="" type="checkbox"/> Add
		Wellesley, MA 02481	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARIA X. GOMEZDELAVEGA	42 Elm Street	<input checked="" type="checkbox"/> Add
		Wellesley, MA 02481	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2016 AUG 8 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

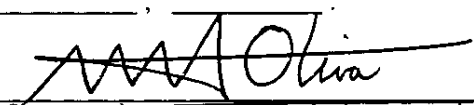
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 15TH, 2016



Signature of a member or authorized representative of a member

MARIO OLIVA

Typed or printed name of signee