## 122000030685

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(Cit	y/State/Zip/Phone	e #)
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T. MATTHEWS MAR 29 2022

## **COVER LETTER**

Division of Cor		· •	•
22 Excelsio	or Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Javier Riambau		
		Name of Person	
	22 Excelsior Group LLC		
		Firm/Company	
	2563 Jardin Lane		
		Address	
	Weston, FL, 33327		
		City/State and Zip Code	
	riambau.javier@gmail.com E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Javier Riambau		786 972-6355	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 Excelsior Group LLC		·
(Name of the Limit	ted Liability Company as it now appears on our reco (A Florida Limited Liability Company)	1ds.) 22 MSC 18 FH 1: 20
The Articles of Organization for this Linned 1. Florida document number £22000030685		022 and assigned
This amendment is submitted to amend the follo		
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LI	.C" or the abbieviation "L.E.C"
Enter new principal offices address, if applic	rable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	POV:	
B. If amending the registered agent and/or r agent and/or the new registered office addre		er the name of the new registered
Name of New Registered Agent:	Javier H. Riambau	
New Registered Office Address:	Enter Florida street addi	564
	ı	Florida
	Cuy	Florida 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Mayelyn B. Riambau	2563 Jardin Lane Weston Fl 33327	■Add
			□Remove
			☐ Change
MGR	Javier Riambau	2563 Jardin Lane Weston F1 33327	□Add
			■Remove
			□ Change
			□Remove
		□Change	
			□Add
			□Remove
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cord specifies a s filed.	delayed effective date, b	out not an effective tir	me, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
ed Har	n 144h	2022	• •		
	N V	2) when	orized representative of a		
		As a series of the series of t	rized representative of a	niember	
			d name of signee		

Filing Fee: \$25.00