

L22000115908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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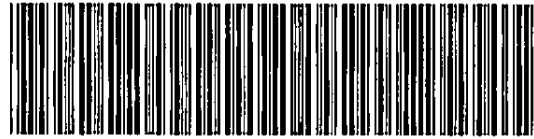
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 31 PM 1:49

FILED

A. BUTLER

APR 15 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCLUSIVE INVESTORS 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:

JOSE S. LOPEZ
Name of Person

EXCLUSIVE INVESTORS LLC
Firm/Company

17168 HAITIAN DRIVE
Address

FONT MYERS FL 33967
City/State and Zip Code

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

For further information concerning this matter, please call:

JOSE S. LOPEZ at (239) 289-0364
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

EXCLUSIVE INVESTORS 2022 MAR 31 PM 1:49

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

SECRETARY OF STATE
TALLAHASSEE
03/07/2022

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L22000115908.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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

AMBR HECTOR BEDOYA 8345 BAMBOO RD. Add
FORT MYERS FL 33967 Remove
_____ _____ _____ Change

AMBR JOSE S. LOPEZ 17168 HAITIAN DR. Add
FORT MYERS FL 33967 Remove
_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

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