L19000121529

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp						
	EXENTIA	LLC					
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	.			
The co	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		FORTUNATA ESPI	NOZA				
			Name of Person				
		ACHIEVE CAPITAL	<u>~</u>				
Firm/Company							
2385 NW Executive Center Drive, Ste 100 - Achieve							
			Address				
	Boca Raton, FL 33431						
City/State and Zip Code admin@achievegea.com							
		E-mail address: (to be used for future annual report notif	cation)			
For fu	rther information co	oncerning this matter, please ca	all:				
ALD	O MARCHENA		561 451-6330				
at (Telephone Number				
	rane w	T G MA	Alar Code Talyonia	reichione isumer			
Enclos	sed is a check for th	e following amount:					
■ \$2	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)			
				(months and copy is dictised)			

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXENTIA LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number <u>L19000121529</u> .	any were filed on 05/10/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75 15
Principal office address MUST BE A STREET ADDRESS		T
		35 3 =
		SS 21 - 1
Enter new mailing address, if applicable:		THE B
		7: 2 10:1
Mailing address MAY BE A POST OFFICE BOX)		
		1 6 6 ¹
 If amending the registered agent and/or registered registered agent and/or the new registered office address leaders. 		er the name of the
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FORTUNATA ESPINOZA	2385 NW Executive Center Drive, Ste 100 - Achieve 33431	■ Add
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ote: If the date inserted in this block does not meet the app	dicable statu	tory filing re	quirements, th	is date will	not be	listed as
ocument's effective date on the Department of State's record	ds.					
e record specifies a delayed effective date, but r	not an effe	ective tim	e at 12·Ω1	am on t	he ea	rlier o
The 90th day after the record is filed.	not un circ	ccive aiii	c, dt 12.01	a.m. on (iriici o
WEDNESDAY 29 MAY 2019						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00