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S. HAWKES

OCT 2 6 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: XCLUSIVE MANAGEMENT 658000 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:
GAVIN ANTHONY FINDLAY Name of Person
XCLUSIVE MANAGEMENT GROUP
8460 SW 154th Cirle COURT #120
City/State and Zip Code GAVINFINDLAYXME @ CMAIL. COM E-mail address: (to be used for future annual report not licetion)
For further information concerning this matter, please call:
GAVIN FINDLAY at 954 8845 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: ' Registration Section

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 ARTICLES OF ORGANIZATION **OF**

·		· 40.		
The Articles of Organization for this Limited Liability Company	were filed on JU	LY 136	and a greened	i
Florida document number 40900064000			ECP 8	78
			E 2	1
This amendment is submitted to amend the following:			55.7	m
A Townsell	1114. h		F 9 5	O
A. If amending name, enter the new name of the limited liab			11.	•
XCLUSIVE MANAGEN	1 L	200P	LLE	<u>A</u>
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company,	" the designation	on "LLC" or the abbrev	iation
Enter now principal efficacy address 16 and 1. k. l.	QIQI AL	DOTH !	INVEREL.	F104
Enter new principal offices address, if applicable:	DI DI 140	DEIF C	MINARSHY	LAKIVE
(Principal office address MUST BE A STREET ADDRESS)	TAMAR	AC, PL	<u> 33/3/ '</u>	
	(2)	DAME)	<u> </u>	
	all a	ر دن ـ ـ ـ ـ	1- · //	
Enter new mailing address, if applicable:	84605	N 154m	beirle co.	#12a
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI	PL 331	193	
<u>.</u>	(N	EN)		
·			•	
B. If amending the registered agent and/or registered off	Nce address on our	records, ente	er 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 d	address	
		. Florida	٠	
	City	, r lorida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name <u>Address</u> **Type of Action** MGR KELVIND CURTIS □ Add Remove . R. KAYLA LORHEA WILLIAMS 8460 SW154 □ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00