

**L10000046189**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

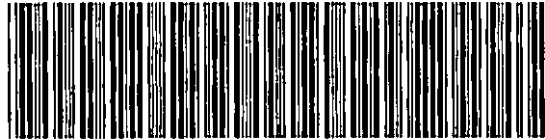
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXFUZE INTERNATIONAL, 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:

J MICHAEL SEYMOUR

Name of Person

EXFUZE INTERNATIONAL, LLC

Firm/Company

4200 NORTHCORP PARKWAY - SUITE 150

Address

PALM BEACH GARDENS, FL, 33410

City/State and Zip Code

mseymour@exfuze.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN MORALES

561

626-3430

at ( )

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

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

EXFUZE INTERNATIONAL, 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 04/29/2010 and assigned  
Florida document number L10000046189

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)**

4200 Northcorp Parkway

Suite 150

Palm Beach Gardens, FL 33410

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4200 Northcorp Parkway

Suite 150

Palm Beach Gardens, FL 33410

**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:

J MICHAEL SEYMOUR

New Registered Office Address:

4200 Northcorp Parkway, Suite 150

*Enter Florida street address*

Palm Beach Gardens

Florida 33410

*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>       | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|-------------------|------------------------------|--|
| MGR          | DON COTTON        | 11780 US HWY ONE             | <input type="checkbox"/> Add               |
|              |                   | SUITE 302                    | <input checked="" type="checkbox"/> Remove |
|              |                   | Palm Beach Gardens, FL 33408 | <input type="checkbox"/> Change            |
| MGR          | RICK COTTON       | 11780 US HWY ONE, 302        | <input type="checkbox"/> Add               |
|              |                   | SUITE 302                    | <input checked="" type="checkbox"/> Remove |
|              |                   | Palm Beach Gardens, FL 33408 | <input type="checkbox"/> Change            |
| MGR          | BIRAN HERNDON     | 11780 US HWY ONE             | <input type="checkbox"/> Add               |
|              |                   | SUITE 302                    | <input checked="" type="checkbox"/> Remove |
|              |                   | Palm Beach Gardens, FL 33408 | <input type="checkbox"/> Change            |
| MGR          | ROBERT KELLEY     | 4200 NORTHCORP PARKWAY       | <input checked="" type="checkbox"/> Add    |
|              |                   | SUITE 150                    | <input type="checkbox"/> Remove            |
|              |                   | Palm Beach Gardens, FL 33408 | <input type="checkbox"/> Change            |
| MGR          | J MICHAEL SEYMOUR | 4200 NORTHCORP PARKWAY       | <input type="checkbox"/> Add               |
|              |                   | SUITE 150                    | <input type="checkbox"/> Remove            |
|              |                   | Palm Beach Gardens, FL 33408 | <input type="checkbox"/> Change            |
|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |

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DIVISION OF COMMUNITY DEVELOPMENT

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ As of 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 1, 2017

Signature of a member or authorized representative of a member

J MICHAEL SEYMOUR

Typed or printed name of signee