

LI 000045343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

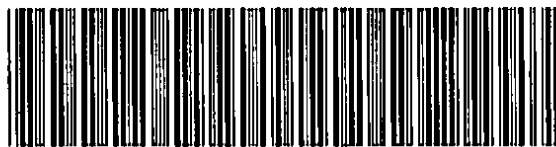
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000301594530

08/03/17--01001--003 \*\*100.00

FILED  
17 AUG -3 AM 11:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 07 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXFUZE LIMITED ASIA, 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 LIMITED ASIA, 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:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 LIMITED ASIA, 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 04/15/2011 and assigned Florida document number L11000045343.

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

*City*

33410  
*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 1	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33408	<input checked="" type="checkbox"/> Remove
			<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 33410	<input type="checkbox"/> Change
MGR	J MICHAEL SEYMOUR	4200 NORTHCORP PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 150	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 27 AUG -3 AM 11:09  
 TALLAHASSEE, FLORIDA

17 AUG - 3 AM 11  
ALLAHABAD, INDIA  
ALLAHABAD, INDIA

17 AUG -3 AM 11:49  
ALLAHABAD, FLORIDA

**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.

Dated August 1, 2017

2017

number of authorized representatives

Typed or printed name of signee