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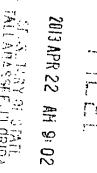
(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies		of Status
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J. SAULSBERRY EXAMINER

APR 23 2013

COVER LETTER

Division of Corp	porations		
SUBJECT:	CUSIVE \ Name of Limit	lentinals ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
rieuse return un correspo	indend concouning this matter	to the following.	
	Scott	Octel Name of Person	2013 APR
	<u> </u>	1	
	<u> </u>	sive verticals	2 2
		Firm/Company	3
	3750 Ga	tewood br	9 02
	The state of the s	Address	\$ 50° ~
	Port Ora	NUL FL 321 City/State and Zip Code	124
	Scott @ E-mail address: (to	LXCUSIVE UCT-So be used for future annual report notification	Cals. Covn
For further information co	oncerning this matter, please ca	all:	
<i>P</i> 11	Λ (•
	(settel	at (404) 610 -	8267
Name of	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	ne 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:

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 TO ARTICLES OF ORGANIZATION OF

Exclusive	Verticals		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	_
The Articles of Organization for this Limited Liability of Florida document number 4/30000 966	•	/18/13 ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	े हुई मा 	2013
•		(Dec.)	AP TI
	-	The - w	20
Enter new mailing address, if applicable:			20 1
(Mailing address MAY BE A POST OFFICE BOX)		ား က	<u> </u>
Manning wastess harri BL 711 OUT OF THE BOTH		23	<u> </u>
	<u> </u>		8
B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, <u>enter the na</u>	me of the new
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter F	lorida 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 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 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** <u>Name</u> **Address Type of Action** MGR Joseph Royce 1409 Breaks Way DAdd MGR Daniel Linden 61301 Remove Add** Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated	4/4/2013 2013.
_	April C/ 8 X 11
	Scient 2) little
	Signature of a member of authorized representative of a member
	Scott Coettel
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00