

L130000131599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

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10/24/13--01023--001 **25.00

2013 OCT 24 AM 9:33
J. SAULSBERRY
EXAMINER

J. SAULSBERRY
EXAMINER
OCT 28 2013

CSC/NCH

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5190 Neil Road Suite 430
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Friday, October 18, 2013

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Amendment
for C-EXCLUSIVE CONSULTING, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Amendment

We have included one original and one copy of the Amendment.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of the Articles to the address below:

**Processing Department
5190 Neil Road Suite 430
Reno NV 89502**

2013 OCT 24 AM 9:33

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CEXCLUSIVE CONSULTING, 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 09/17/2013 and assigned
Florida document number L13000131599.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C-EXCLUSIVE CONSULTING, LLC

The new name must be distinguishable and end with 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)

13000 Broxton Bay Drive

Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 927316

San Diego, CA 92192

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

2013 OCT 24 AM 9:33

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cherlondia Jackson	13000 Broxton Bay Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
MGR	Cherlondia Jackson	2511 Northside Dr., Apt. 212	<input type="checkbox"/> Add
		San Diego, CA 92108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____

Cherfonia Jackson

Signature of a member or authorized representative of a member

Cherfonia Jackson, MANAGER

Typed or printed name of signer

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Filing Fee: \$25.00

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