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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status Instructions to Filing Officer:	
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. WARREN AUG 1 8 2017

COVER.LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Exception	Name of Limited Liability Company	? Partners LLC
The enclosed Articles of Amendment and		
Please return all correspondence concerni	ng this matter to the following:	
	Roy Campbe Name of Person	ll
Except	ional Hanagement	¿ Partners LLC
	155 Registry P	1 # 216
<u></u>	City/State and Zip Code ROY D BVM CAA -mail address: (to be used for future annual report of	J2092 -IPBELL. COM notification)
For further information concerning this m	latter, please call:	
Cana F Name of Person	lewes at (386) 7 L	479097 rtime Telephone Number
Enclosed is a check for the following amo	ount:	
\$25.00 Filing Fee S30.00 Filing Fee Certifical	ing Fee & S55.00 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

	Exceptional Malagement and Partners C	
	(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	signed
	This amendment is submitted to amend the following:)
1	A. If amending name, enter the new name of the limited liability company here: Charge is the Exceptional Hanagement & Partners LC Instead of ar The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L	<u>{</u> .ic.:
1	Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 455 Pagks thy B + Chapter 1	214
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 955 Registry Bl 3 32.0	+ 21 72
	B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the
	Name of New Registered Agent:	
	New Registered Office Address:	
	Enter Florida street address	
	, Florida	
	New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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 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

	Authorized Member		T C. A
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ective date, if of	her than the date ed, the date must be sp	of filing:	8/12/	ing or more than 90 d	_ (optional) avs after filing.) Pr	arsuant to 605	5.020
te: If the date inso	erted in this block do date on the Departr	oes not meet the	applicable statute	ry filing requireme	ents, this date wi	l not be liste	ed a
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record specifie	s a delayed effe	ective date, b	ut not an effe	ctive time, at 1	2:01 a.m. on	the earlie	er (
he 90th day a	fter the record i	s filed.					
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Filing Fee: \$25.00