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S. WARREN AUG 2 2 2017

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	Exclusive IT Networks					
Name of Limited Liability Company						
The enclosed	d Articles of A	amendment and fee(s) are subm	nitted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
		Marilyn I. Luna Lopez				
			Name of Person			
Exclusive IT Networks						
Firm/Company						
		P.O Box 137351				
			Address			
		Clermont, FL 34713				
City/State and Zip Code						
		marilyn@exclusiveitnet.com				
		E-mail address: (to	be used for future annual report notific	cation)		
For further i	nformation co	ncerning this matter, please cal	II:			
Marilyn I. L	una Lopez		352 801.0663 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$25.00 I	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

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L17000167473	pany were filed on 08/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRES	33)	24 N =
		P
		H 12:
Enter new mailing address, if applicable:		변화 8
(Mailing address MAY BE A POST OFFICE BOX)		
Muning address MAT BL AT 037 OT TICE BOAT		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ls, enter the name of the
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addre	:55
	, F	lorida
· -	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>	Type of Action
MGRM	Jose Lopez	P.O Box 137351	■ Add
		Clermont, FL 34713	☐ Remove
			☐ Change
AMBR	Marilyn I. Luna Lopez	P.O Box 137351	
		Clermont, FL 34713	Remove
			■ Change
			Remove
			Change
			Add
			Remove
			□ Change
			Change
			Remove

	current wick to an .	AMBR and adding	the sole owner Jos	se Lopez as MGKN	<u> </u>
	<u> </u>	 _		·	
	 -				
				101 <u>-</u>	
					
					
					
ffective date, if other than the date	of filing: 8/1/2017		(op	tional)	
an effective date is listed, the date must be spooter. If the date inserted in this block do	pecific and cannot be pri	or to date of filing or	more than 90 days af	ter filing.) Pursuant to	605,020 listed as
ocument's effective date on the Departr			ing requirements, t	ms date will not be	iisica a.
e record specifies a delayed effe		not an effective	time, at 12:01	a.m. on the ea	arlier o
The 90th day after the record i	s filed.				
lated	/- (-,	·			
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; KM	(), \			<u> </u>	
Sign	ture of a member or au	thorized representati	ve of a member	7 AUG	

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Filing Fee: \$25.00