

L17000 256291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

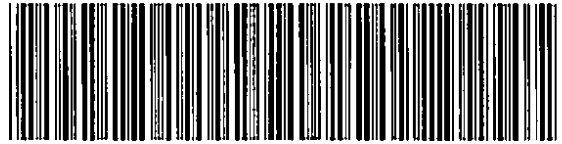
(Business Entity Name)

(Document Number)

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

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12/19/18--01006--026 \*\*25.00

FILED

2019 JAN 22 AM 11:19

SECRETARY OF STATE  
FILING OFFICE, RI

LTS  
1-30-19

1-22-18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2019

MICHEL DE AMORIM  
DRUMMOND ADVISORS LLC  
601 BRICKELL KEY DRIVE., STE 901  
MIAMI, FL 33131

SUBJECT: EXO GLOBAL LLC  
Ref. Number: L17000256291

We have received your document for EXO GLOBAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 619A00000399

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXO GLOBAL 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:

MICHEL DE AMORIM

\_\_\_\_\_  
Name of Person

DRUMMOND ADVISORS LLC

\_\_\_\_\_  
Firm/Company

601 BRICKELL KEY DRIVE, SUITE 901

\_\_\_\_\_  
Address

MIAMI - FL 33131

\_\_\_\_\_  
City/State and Zip Code

mamorim@drummondadvisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel de Amorim

781

770-0005

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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

FILED

2019 JAN 22 AM 11:19

EXO GLOBAL LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/15/2017 and assigned  
Florida document number L17000256291.

This amendment is submitted to amend the following:

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

SH GLOBAL LLC

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)**

308 MAIN STREET

EVERETT - MA 02149

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

308 MAIN STREET

EVERETT - MA 02149

**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:

DRUMMOND Consulting, LLC

New Registered Office Address:

601 BRICKELL KEY DRIVE, SUITE 901

*Enter Florida street address*

MIAMI

*City*

Florida 33131

*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>
MRGM	LUIZ GUSTAVO MAGALHAES HOLTZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		308 MAIN STREET, EVERETT - MA 02149	<input checked="" type="checkbox"/> Change
MGRM	ADRIANA SILIPRANDI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		308 MAIN STREET, EVERETT - MA 02149	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. *Staphylococcus aureus*

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated \_\_\_\_\_, \_\_\_\_\_

LUIZ GUSTAVO MAGALHAES HOLTZ

Page 3 of 3