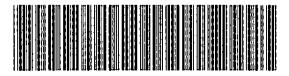
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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S. PRATHER

COVER LETTER

TC	D: Registration Se Division of Cor			
ei.	Eximious I	loldings LLC		
Su	BECT:	Name of Lim	ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plo	ease return all correspo	ndence concerning this matter	to the following:	
		Cody Gensiejewski		
			Name of Person	
		Eximious Holdings LLC		
			Firm/Company	
		205 S New Jersey Ave #	/A	
		·	Address	······································
		Tampa, FL 33609		
		 	City/State and Zip Code	
		cgenslej@gmail.com		
			to be used for future annual report notifi	cation)
Fo	r further information c	oncerning this matter, please ca	all:	
C	ody Gensiejewski		863 669-6911	
	Name o	(Person		Telephone Number
En	closed 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: 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

Eximious Holdings LLC			
(Name of the Limited Liability (A Florida L	Company as it now apper imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number L18000157234			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	nere:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	- <u>-</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		n our records, <u>enter</u>	the name of the ne
New Registered Office Address:	Fater Fi	lorida street address	· · · · · · · · · · · · · · · · · · ·
·	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		,
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance on the new provided for in	of my duties, and I am fo Chapter 605, F.S. Or,	imiliar with and if this document is
	If Changing Registered	Agent, <u>Signature of New Re</u> p	istered Agent

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	DONOVAN, KENNY	506 S ALBANY AVE	
		TAMPA, FL 33606	■ Remove
			☐ Change
		_	
			☐ Remove
			Change
	 		
			☐ Remove
			O Change
			□ Add
			□ Remove
			□ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
	 		D Add
			□ Ветноче
			Change

	N/A
•	
	
(If an o Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	a July 20th 2018
	Signature of a member of authorized representative of a member
	Cody Gensiejewski
	Typed or printed name of signee

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Filing Fee: \$25.00