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Office Use Only



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COVER LETTER

SUBJECT: 1300	iTian OF A Name of Lim	MEMBER, EXALT	T LLC
The enclosed Articles of	Amendment and foots) are sub-	unitted for filing	
The chewsed Addeles (4	Amendment and recess are sub	diffice for filling.	
Please return all correspo	ondence concerning this matter		
	S	AMIP PATEL	
		Name of Person	_
		Firm/Company	
	5790 1	FULHAM PL,	
		Address	
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	<u> </u>	City/State and Zip Code	<u>+1</u>
	Cxalzil	106 9 mail 10 m	4
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
SAMIP	PATEL	at (<u>407</u>) 324 Area Code Daytime	6450
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Cermicate or Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

EXALT LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L\8000280053</u> .	were filed on December 05.20 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	æ

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBL	VISHAL ODHAVJIBHAI PATEL	341, DECLAIRE WAY	⊠ ,∧dd
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(If an ef	ffective date is list	ted, the date must be s	pecific and cannot be:	prior to date of fili	o 19 (gor more than 90 days	s after filing.) Pursu:	
			loes not meet the ap ment of State's reco		y filing requirement	s, this date will no	ot be listed as the
		es a delayed eff fter the record		not an effec	tive time, at 12:	01 a.m. on th	e earlier of:
	00/3	7)	201	<u>9</u> .			
Dated			SRA				
Dated			/ //	ソレ	\		
Dated		Sign	ature of a member or	authorized represe	ntative of a member		

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Filing Fee: \$25.00