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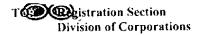
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C. GOLDEN AUG 2 3 2019

COVER LETTER



SUBJECT:	Exclusive T	ouch Services LLC		
SOBJECT.		Name of Limit	ed Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	ndence concerning this matter to	o the following:	
		Felix Gonzalez Jr		
			Name of Person	
			Firm/Company	<u> </u>
		27191 Edgewood St		
			Address	
		Bonita Springs FL 34135		
		Mari34135@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report no	otification)
For further i	information c	oncerning this matter, please ca	ılı:	
Felix Gonz	alez Jr		239 405-9759 at () ———————————————————————————————	
	Name o	f Person	Area Code Dayt	ime Telephone Numb e r
Enclosed is	a check for the	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



2019 AUG 14 AH 10: 26

Exclusive Touch Services LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/1/2019	and assigned
Florida document number L19000196620	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, enter the name of the
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 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 Sando Allion our records:



<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FELIX GONZALEZ JR	27191 EDGEWOOD ST	■ Add
		BONITA SPRINGS FL 34135	
			□ Remove
			Change
MGR	RENE DELGADO JR	27191 EDGEWOOD ST	
		BONITA SPRINGS FL 34135	Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
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		08/12/2019		(A :	. IS
fective date, if other than to the effective date is listed, the date of the effective date inserted in this cument's effective date on the	must be specific a block does not	and cannot be prior to t meet the applica	o date of filing or m ble statutory filin	ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605.0207 (
record specifies a delay The 90th day after the r			an effective t	ime, at 12:01 a.n	n. on the earlier of
ted		2019			
		-· 			
	Felin	a member orautho			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00