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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C Kinsey

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		•
SUBJECT:	Exterior 1	Nanagement LLC ited Liability Company	
	Name of this	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	-	
Trease retain an correspo	ndence concerning and motor	to the following.	
	D	Name of Person	
		Name of Person	
	Exterio	or Management Firm/Company	LLC
	22911 SV	v 88th Place	unit 5
		Day FL 3319 City/State and Zin Code	
		gementmiamia 6, obe used for future annual report not	
	E-mail address: (1	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	dl:	
Daniel O	Luintana	at (<u>954</u>) <u>644 - Area Code</u> Daytin	2731
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
NZ \$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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exterior Management	· LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou	r records.)
The Articles of Organization for this Limited Liability Company	were filed on 02/0	7/2020 and assigned
Florida document number <u>L2046645739</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRESS)		
		
	,	40
Enter new mailing address, if applicable:		755 20
(Mailing address MAY BE A POST OFFICE BOX)		
		ST N
B. If amending the registered agent and/or registered office a	iddress on our records	, enter the name of the new registered
agent and/or the new registered office address here:		99 💍
		- Δ - ω - ω - ω - ω - ω - ω - ω - ω - ω -
Name of New Registered Agent:		-
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	ei address
	·	F21 - 2 1
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		
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>	Address	Type of Action
MGR	Quintana, Gabriel	6647 Racquet Club Dr.	□Add
		Lauderhill, FL 33319	_ DRemove
			🗆 Change
MGR	Quintana, Jonathan	35250 SW 177 ct #178	_ 🗆 Add
		Florida City, FL 33034	_ ERemove
			□Change
MGR	Quintana, Daniel	22911 SW 88th pl unit 5	🗹 Add
		Cutler Bay, FL 33190	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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Note: If the	date, if other than the date of filing: 03/07/2020 (optional) we 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed its effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after th
ated	Signature of a member or authorized representative of a member Gabriel Quintana Typed or printed name of signee
	Gabrill Quintana Typed or printed name of signee

Filing Fee: \$25.00