L20000073234

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SUBJE	EXCLUSIV	EXCLUSIVE PM, LLC			, inverting		
30131		Name of Limi	ited Liability Company	•	Hr H	cle III	
		Amendment and fee(s) are sub- ndence concerning this matter					
		CELIMAR SANTIAGO-C	OCASIO				
			Name of Person				
		EXCLUSIVE PM, LLC					
			Firm/Company				
		2809 ROCCELLA CT					
			Address		•		
		KISSIMMEE, FL 34747					
			City/State and Zip Code	·-	•		
		aclawpr@gmail.com	to be used for future annual report notification				
For fu	ther information c	e-mail address: (1917	1.1. 10.5.5 17.07	9 0 19 - 발판	
	ar Santiago- Ocasi		787 615-9347	_	7	E CALLED	
	Name o	f Person		phone Number			
Enclos	ed is a check for th	ne following amount:			; D	2 2 2	
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, te of Status &		

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCLUSIVE PM, LLC		022
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000073234	were filed on March 5, 2020	and assigned
This amendment is submitted to amend the following:		66
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 Liabi	lity Company " the designation "LLC" or the	he abbreviation "L.L.C."
	2809 Roccella Ct	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747	
Enter new mailing address, if applicable:	2809 Roccella Ct	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34747	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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 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
			□Add
			Remove
<u> </u>			□Add
			□Remove
			□Remove
			□Change
			□Add
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-			□Add
			Remove
			Change

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