

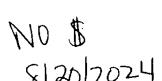
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(business Entity Name)
(Document Number)
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10/08/24--01003--017 **25.08





September 5, 2024

LENIN MARTE 3235 FAIRFAX AVE PALM BAY, FL 32905

SUBJECT: EXPONENTIAL GENERAL CONTRACTORS OF FL LLC

Ref. Number: L24000138179

We have received your document for EXPONENTIAL GENERAL CONTRACTORS OF FL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

SEP 25 MAYER

Letter Number: 024A00019855

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: \(\sum_\subject)	toential General Name of Lim	Contractors of Fitted Liability Company	EL LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Leoi	Name of Person	
	Exponential	Geoeral Cookingto	ors of FLILC
	3235 Fa	irfax Ave Address	
		FL 32905 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
<u>Lenin</u> (OArJE of Person	at (<u>B21)</u> <u>SUS</u> Area Code Daytim	- \336 e Telephone Number
Enclosed is a check for (the following amount:		
(≱ -\$25,00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 63		The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	CA COATO (400) T ility Company as it now appears on ou da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line EXPLOSITE COST The new name must be distinguishable and contain the words "L	11 C	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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 or removed from our records:

MGR = Manager		
6 7	MCR = Manager	
	AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(Han of) <u>Note:</u>	ive date, if other than the date of filing: S 12 12 22 (optional)
f the recor ecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	August 27 . 2024.
	Signapare of a member we authorized representative of a member
	toin Marte

Filing Fee: \$25.00