

L21 000 079 044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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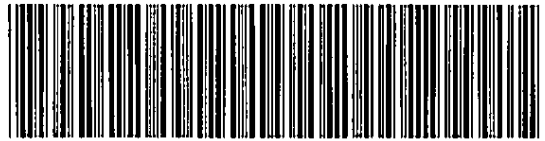
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: EXIUNIOUS INVESTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE M RAMIREZ

Name of Person

EXIUNIOUS INVESTING LLC

Firm/Company

120 NE 58th ST.

Address

FORT LAUDERDALE, FLORIDA 33334

City/State and Zip Code

jose@exiunious.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M. RAMIREZ

Name of Person

at (407)

Area Code

820-1592

Daytime Telephone Number

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Enclosed is a check for the 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 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**

EXIUNIOUS INVESTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2021 and assigned
Florida document number L21000079044.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

120 NE 58th ST.

FORT LAUDERDALE

FLORIDA, 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

120 NE 58th ST.

FORT LAUDERDALE

FLORIDA, 33334

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSE M. RAMIREZ

New Registered Office Address:

120 NE 58th

Enter Florida street address

FORT LAUDERDALE

, Florida

33334

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHNNY FERREIRA	8508 NW 141 ST. TER APT 503	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33016-6726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSELINE DE JESUS	504 HIBISCUS WAY	<input type="checkbox"/> Add
		ORLANDO, FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE M RAMIREZ	120 NE 58TH ST.	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE VI

PARTNER'S SHARE OF PROFIT, LOSS, AND CAPITAL

JOSE M. RAMIREZ 99%

JOHNNY FERREIRA 1%

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEP. 3, 2022.

Signature of a member or authorized representative of a member

JOSE M. RAMIREZ

Typed or printed name of signee

Filing Fee: \$25.00