

121000188797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

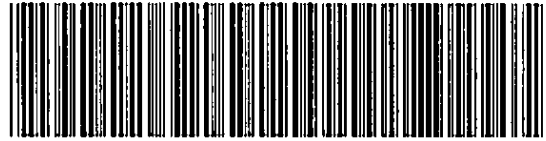
(Business Entity Name)

(Document Number)

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A. BUTLER

OCT 27 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XCLUSIVE SOCIAL MEDIA 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:

RUBEN TORO

\_\_\_\_\_  
Name of Person

RUBEN TORO P.A.

\_\_\_\_\_  
Firm/Company

7901 KINGSPORTE PKWY STE 31

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

rubendtorocpa@gmail.com

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

For further information concerning this matter, please call:

RUBEN TORO

407 370-6445

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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**

XCLUSIVE SOCIAL MEDIA LLC

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

2021 OCT 18 PM 12:40

The Articles of Organization for this Limited Liability Company were filed on 04/22/2021 and assigned  
Florida document number L21000188797.

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:

3800 SOUTH OCEAN DRIVE APT. 724

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL 33019

Enter new mailing address, if applicable:

3800 SOUTH OCEAN DR. APT. 724

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD FL 33019

**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:

New Registered Office Address:

3800 S. OCEAN DRIVE APT. 724

*Enter Florida street address*

HOLLYWOOD

*City*

Florida 33019

*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	MARCELA KIMBERLEE OCHOA	3800 S. OCEAN DR. APT 724	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CAMILO A. CAMACHO TORRES	378 CAPTIVA DR	<input type="checkbox"/> Add
		DAVENPORT FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

Dated OCTOBER 10th. 2021

*[Signature]*

Camilo A. Camacho Torres MGRM

Typed or printed name of signee