

L21 000203829

(Requestor's Name)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exclusive Services

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:

Charles Klein

Name of Person

Admin Consulting Company

Firm/Company

PO Box 368

Address

City/State and Zip Code

Dunedin FL 34607-0368

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

For further information concerning this matter, please call:

Charles Klein

727

512-2743

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Exclusive Services

(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 May 3, 2021 and assigned
Florida document number 121000203829.

This amendment is submitted to amend the following:

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

Exclusive Services of Tampa Bay LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

Florida

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

Title

Name

Address

Type of Action

_____ ☐ Add

Remove

Year	Number of people (millions)
1996	24.5
2000	24.0
2004	23.5
2008	23.0
2012	22.5
2016	21.5

□ Change

_____ ☐ Add

 ☐ Remove

Change

☐ Add

Remove

Year	Number of people (millions)
1996	38.0
2000	37.5
2004	37.0
2008	36.5
2012	36.0
2016	34.0

Change

_____ ☐ Add

 Remove

Year	Number of people (millions)
1996	3.8
1997	3.7
1998	3.6
1999	3.5
2000	3.4
2001	3.3
2002	3.2
2003	3.1
2004	3.0
2005	2.9
2006	2.8

□ Change

☐ Add

Remove

Year	Number of people (millions)
1990	9.5
1991	9.4
1992	9.3
1993	9.2
1994	9.1
1995	9.0
1996	8.9
1997	8.8
1998	8.7
1999	8.6
2000	8.5

□ Change

☐ Add

 Remove

_____ ☐ Change

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

No changes other than the name of the organization.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 December 20, 2021

Signature

Signature of a member or authorized representative of a member

Michael Jerrido

Typed or printed name of signee