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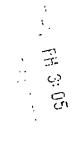
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COVER LETTER

Registration Section

Division of Corporations

TO:

	E CONSULTANTS LLC	и ,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SHANIQUE JAMES		
		Name of Person	
	XCLUSIVE CONSULTA:	NTS LLC	
		Firm/Company	
	4813 SE 41ST STREET A	FT# 208	
		Address	· · · · · · · · · · · · · · · · · · ·
	PEMBROKE PARK FL, 3	3023	
		City/State and Zip Code	
	SJAMES@XCLUSIVECO		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
SHANIQUE JAMES		754 204 6429	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 3 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XCLUSIVE CONSULTANTS 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 Florida document number 1.21000403935	were filed on SEPT 13 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "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 agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 familiate with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this vocument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lifetility 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>	<u>Name</u>	Address	Type of Action
MGR	SHANIQUE JAMES	4813 SW 41ST STREET APT#208	≣Add
		PEMBROKE PARK FL 33023	□Remove
			□Chunge
AMBR	SHANIQUE JAMES	4813 SW 41ST STREET APT#208	≣ Add
		PEMBROKE PARK FL 33023	□Remove
			□ Change
			\Backsquare Add
			□ Remove
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			□Change

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	ve date, if other than the date of filing: SEPT 11, 2021 (optional)
in elle O te:	ective 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cume	ent's effective date on the Department of State's records.
is fil	is 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.
	•
ated_	Sept 30, 2021
	
	Signature of a member or authorized representative of a member
	SHANIQUE JAMES