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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity State) Elph Holle #)
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(Document Number)
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S. PRATHER

COVER LETTER

	gistration Sec rision of Corp					
SUBJECT:	EXCURSUS	LLC				
SUBJECT	-	Name of Lim	ited Liability Company	 -		
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	i all correspon	dence concerning this matter	to the following:			
		STEFANIE YEPES				
			Name of Person	-		
	Y&Y BUSINESS CONSULTANTS LLC					
			Firm/Company			
		175 SW 7TH ST SUITE 1:	524			
			Address			
		MIAMI, FLORIDA, 33130)			
		STEFANIE.YEPES@YYY	City/State and Zip Code BUISINESS.COM			
			to be used for future annual report	notification)		
For further in	nformation cor	ncerning this matter, please ca	ıll:			
STEFANIE	YEPES		305 200-500- at ()	\$		
	Name of I	Person		stime Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25,00 I	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

EXCURSUS LLC			
(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number <u>L22000294204</u>	Liability Company	were filed on <u>06/29/2022</u>	and assigned
This amendment is submitted to amend the fol	lowing:		7
A. If amending name, enter the new name	of the limited liab	oility company here:	
ENCURSUS INVESTMENTS LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
· — — •		Enter Florida street	address
	N/A		Florida N/A
		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 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
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			□Remove
			□Change
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fective date, if other the effective date is listed, the	date must be specific in this block does no	and cannot be prior to of meet the applica	o date of filing or a ble statutory fili	nore than 90 days	optional) after filing.) s. this date w	Pursuant to 605,020 vill not be listed as
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