L22000519743

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COVER LETTER

TO:		on Section Corporations	
(1115.15	EXQ	TSITE AFFILIATE GROUP, LLC	
SUBJE	C1:	Name of Limited Liability Company	
The enc	losed Artic	es of Amendment and fee(s) are submitted for filing.	
Please r	eturn all co	respondence concerning this matter to the following:	
		Amari Montgomery	
		Name of Person	
		EXQUISITE AFFILIATE GROUP.LLC	
		Firm/Company	
		1677 SW 116th Avenue	20
		Address	72.0
		Pembroke Pines, FL, 33025	
		City/State and Zip Code	
		ExquisiteAffiliateGroup@gmail.com	: :
		E-mail address: (to be used for future annual report notification)	
For furtl	ier informa	on concerning this matter, please call:	<u>:</u> -
Amari N	Aontgomer	443 676-4120 at ()	
_	N	me of Person Area Code Daytime Telephone Number	_
Enclosed	l is a check	or the following amount:	
■ \$25.	.00 Filing F	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee	Status &

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

EXQUISITE APPLIATE GROUP, LUC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L22000519743}{L22000519743}$	ipany were filed on December 12, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Linking Company 2 th of circuit and 1 th of	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
as the standard music the trisinguistiante and contain the words "Limited	radomy Company. the designation "IAC" or the	
Enter new principal offices address, if applicable:		B
Principal office address MUST BE A STREET ADDRES	(S)	20
		•
Enter new mailing address, if applicable:		<u>्</u> र
Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the na</u>	me of the new regist
gent and/or the new registered office address here:		
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 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>	<u>Address</u>	Type of Action
MGR	Breonna Johnson-Montgomery	1677 SW 116th Avenue	≘ Add
		Pembroke Pines, FL, 33025	-
		-	□Remove
			☐Ghange ☐Ghange ☐Change
			□ □ Remove
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Effective date, if	other than the date listed, the date must be	te of filing:			(option	al)	
Note: If the date:	insected in this block ive date on the Depar	does not meet th	e applicable sta	of filing or more tha tutory filing requ	n 90 days after fit irements, this d	ing.) Pursuant to t ate will not be l	505,020 isted a
the record specifies a cord is filed.	i delayed effective da	te, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of; (b)	The 90th day a	fter the
Dated	15,2022						
Dateu _							