

M19000003752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

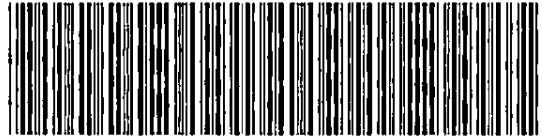
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form  
& no money  
— 11/19  
ref

Office Use Only



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TALLAHASSEE, FL

1-13-25

amend



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2024

KYLA STEWART  
106 5TH AVE SE  
OLYMPIA, FL 98501 US

SUBJECT: EXOS SMALL BUSINESS LENDING LLC  
Ref. Number: M19000003752

We have received your document for EXOS SMALL BUSINESS LENDING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

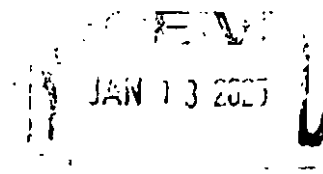
Morgan E Lovett  
Regulatory Specialist II

Letter Number: 824A00027154

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Exos Small Business Lending LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyla Stewart  
Name of Person

Corpsmart  
Firm/Company

106 5th Ave SE  
Address

Olympia, WA 98501  
City/State and Zip Code

agent@corp-smart.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyla Stewart at ( 360 ) 706-2537  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Exos Small Business Lending LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M1900003752

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: \_\_\_\_\_

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>M</u>	<u>Alexis Hamilton</u>	<u>6790 Van Gordon St</u>	<input type="checkbox"/> Add
		<u>Arvada, CO 80004</u>	<input checked="" type="checkbox"/> Remove
<u>M</u>	<u>Kevin Morrissey</u>	<u>75 N. Main St.</u>	<input checked="" type="checkbox"/> Add
		<u>Zionville, IN 46077</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

KyStewart  
Signature of the authorized representative

KyLalce Stewart  
Typed or printed name of signer

Filing Fee: \$25.00

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