

01/20/14  
1/20/2014

11:45AM

Jelen Accounting Services Inc  
Division of Corporations

305-591-9167

p.01

# L14000005176

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000014813 3)))



H140000148133ABCW

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : 120120000052  
Phone : (305) 591-9180  
Fax Number : (305) 591-9167

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jelenaaccountingservices@gmail.com

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14 JAN 21 AM 7:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXOTICS COLLECTION MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN 21 AM 11:18

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JAN 22 2014  
11:57:03

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H140000148133

EXOTICS COLLECTION MIAMI, 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 were filed on 01/10/2014 and assigned Florida document number L14000005176

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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:

Neif Antonio Gebrau

New Registered Office Address:

247 SW 8 STREET #977

Enter Florida street address

MIAMI

City

Florida 33130

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.

Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTONIO GEBRAN	247 SW 8 STREET #977	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
MGRM	Neif Antonio GebraN	247 SW 8 STREET #977	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/16/2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 16TH, 2014

X [Signature]  
Signature of a member or authorized representative of a member  
Neif Antonio Geban  
Typed or printed name of signer

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA