

04/02/14

4:56PM

Jelen Accounting Services, Inc

305-591-9180

032

L140000769203

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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H140000769203ABC\$

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To: Division of Corporations
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From: Account Name : JELEN ACCOUNTING SERVICES,
Account Number : 12012000052
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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

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

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APR 4 2014



April 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXOTICS COLLECTION MIAMI, LLC
247 SW 8 STREET
977
MIAMI, FL 33130

SUBJECT: EXOTICS COLLECTION MIAMI, LLC
REF: L14000005176

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You submitted the wrong type of form.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000076920
Letter Number: 714A00006970

Resending Document with corrections

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:

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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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>
AMGR	JOSE MIGUEL REYES ORTIZ	247 SW 8TH ST #977	<input checked="" type="checkbox"/> Add

MIAMI, FL 33130	<input type="checkbox"/> Remove
-----------------	---------------------------------

MGRM	NEIF ANTONIO GEBRAN	247 SW 8TH ST #977	<input type="checkbox"/> Add
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MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
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 PH 1: 30
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 TALLAHASSEE, FLORIDA

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Remove

Add

Remove

Add

Remove

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

E. Effective date, if other than the date of filing: _____ (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 MARCH 31ST 2014

(Handwritten signature)
Signature of a member or authorized representative of a member

NEIF ANTONIO GEBRAN

Typed or printed name of signee

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