

08/11/16

10:46 AM

Jelen Accounting Services Inc. Division of Corporations

305-591-9167

p. 1

L14000005176

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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TALLAHASSEE, FLORIDA

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

2016 AUG 11 AM 11:02

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Corporate Filing Menu

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K. SALY
EXAMINER

AUG 12

08/11/16 10:48AM

Jelen Accounting Services Inc 305-591-9167

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

p.02
FILED
2016 AUG 11 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 08/10/2016 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 contain 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:

DAYANNI JOSEFINA GOMEZ GONZALEZ

New Registered Office Address:

8253 NW 58 ST

Enter Florida street address

DORAL

Florida 33136

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 805, 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NEIF A GEBRAN FRANGIE	8253 NW 58 ST	<input type="checkbox"/> Add
		DORAL, FL 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2. If attaching any other information, enter change(s) here. (attach additional sheets, if necessary.)

(Area with horizontal dashed lines for additional information)

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E. Effective date, if other than the date of filing: 08/10/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 10 2016

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

NEIF A GEBRAN FRANGIE

Typed or printed name of signee