

# L14000005174

Division of Corporations  
Florida Department of State  
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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : I20120000052  
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: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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14 AUG 21 AM 6:40  
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14 AUG 21 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 22 2014

T. HAMPTON

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

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>
AMBR	JOSE MIGUEL REYES ORTIZ	247 SW 8 STREET	<input type="checkbox"/> Add
		MIAMI, FL. 33130	<input checked="" type="checkbox"/> Remove
AMBR	ALEXANDER RICARDO HERNANDEZ	9769 NW 49TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL. 33178	<input checked="" type="checkbox"/> Remove
MGR	NEIF ANTONIO GEBRAN	247 SW 8 STREET STE 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
			<input type="checkbox"/> Remove

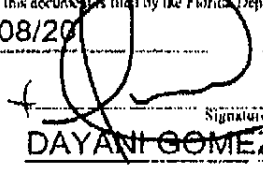
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STATE  
TALLAHASSEE  
FLORIDA

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, falling 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 08/20 2014



Signature of member or authorized representative of a member

DAYANI GOMEZ

Typed or printed name of signer

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