

FROM : LAZARUS
SECRETARY OF STATE

FAX NO. : 3052201440

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07000042547

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H090002411273)))



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

From: Account Name : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

Email Address: _____

2009 NOV 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXCLUSIVE LIFE STYLES L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	03
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T. CLINE

NOV 16 2009

EXAMINER

RECEIVED

09 NOV 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/13/2009 2:21 PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EXCLUSIVE LIFE STYLES L.L.C.

(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 04/20/2007 and assigned
Florida document number LD7000042547.

This amendment is submitted to amend the following:

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

EXCLUSIVE LIFE STYLES ENTERTAINMENT LLC

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20855 NE 16th AVE

C-22

MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20855 NE 16th AVE

C-22

MIAMI, FL 33179

2009 NOV 13 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 608, 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)

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

ADD Tax ID: 07-0347111

Dated

Alicia Walker

Signature of a member or authorized representative of a member

Alicia Walker

Typed or printed name of signer

2009 NOV 13 AM 8:26
STATE
TAX
HASS
FLORIDA