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## **COVER LETTER**

TÖ: Registration So Division of Co			
(3.1.1.1.) 3.1.1.43(3)	XCLUSIVE LLC		
SUBJECT:	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ILYA SOSNIN		
	·	Name of Person	
	MIAMI EXCLUSIVE LL	С	
	<del></del>	Firm/Company	··
	1000 5TH STREET, STE	200	
		Address	
	MIAMI BEACH, FL 3313	39	
		City/State and Zip Code	
	ilya@bnberry.com		
	E-mail address: (	to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	
A SOSNIN		305 810-9494 at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 MAR 12 AM 7: 14

SSEE FLORIDA

MIAMI EXCLUSIVE 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 Co	ompany were filed on 11/22/2011	and assigned
Florida document number £11000132612	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
BNBERRY LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City .	Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Remove
		<u> </u>	□Change
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		·	□Remove
			□Change

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	03/04/2024			
Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to a does not meet the applicable	date of filing or more than 90	(optional) days after filing.) Pursuant to nents, this date will not be	605.0207 (3 listed as th
e record specifies a delayed effective da rd is filed.	ate, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day a	ifter the
Dated MARCH 4TH	2024			
Sie	nature of a member or authoriz	ed representative of a memb	u-r	•
		co representative or a mem		

Filing Fee: \$25.00

Typed or printed name of signee