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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JUN 1 4 2017

COVER LETTER

TO: Registration Se Division of Cor		· .	
« EXPORTING	KA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS RAMIREZ		
	<u> </u>	Name of Person	
		Firm/Company	
	10621 SW 14TH CT		
		Address	
	DAVIE FL 33324		
		City/State and Zip Code	
	B8STUDIOS@GMAIL.CO	OM to be used for future annual report notifice	ation)
For further information o	concerning this matter, please c	•	TO THE
LUIS RAMIREZ		954 5204512 at ()	
Name o	of Person	Area Code Daytime T	Telephone Number STATE
Enclosed is a check for the	he following amount:	•	25 5
□ \$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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPURITA LLC	lability Common of the common	rongrido)
(Name of the Limited L	iability Company as it now appears on our r lorida Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liabil Florida document number <u>L120009</u>	ity Company were filed on $\frac{07/18/2012}{9}$.	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
B8 FABRICATION STUDIOS LLC		
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	294 NE 67th St Miami, F	L 33138 United States
Principal office address MUST BE A STREET A	DDRESS)	, , ,
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	294 NE 67th St Miami, F	
B. If amending the registered agent and/or a	•	
		D ≥ C
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	F	> 2
	Enter Florida street d	<i>iadress</i>
·	City	_, Florida
	City	zip conc

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

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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If the date inserted in this	must be specific and cannot be prior to date is block does not meet the applicable so Department of State's records.	e of filing or more than 90 days after filing.) Pursu tatutory filing requirements, this date will, in	uant to 605.02
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ecord specifies a delay se 90th day after the r	ecord is filed.	effective time, at 12:01 a.m. on the	ie garlier F
d	12:01 a.m.		5
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Typed or printed name of signee

Filing Fee: \$25.00