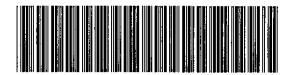
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COVER LETTER

TO:	Registration Se Division of Cor			
CUPID		PORTS MIAMI, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn ali correspo	ondence concerning this matter	to the following:	
		ELISHA, GEORGET	ITE	
			Name of Person	
			Firm/Company	
		9858 GLADES RD S	• •	
			Address	
		BOCA RATON, FL	33434	
			City/State and Zip Code	
		herinmotion@gmail.c	COM to be used for future annual report notifi	cation)
For furt	her information o	concerning this matter, please c		
GEO	RGETTE ELI	SHA,	305 222-7887	
	Name o	of Person		Telephone Number
Enclose	d 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)

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



HER IMPORTS 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	y Company were filed on 04/01/2015	and assigned
Florida document number L13000073226	.	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
HER IN MOTION, LLC.		
The new name must be distinguishable and end with the words "	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
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 ac	gistered office address on our records, e	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			☐ Remove
			□ Add
		,	Remove
			Add
		-	□ Remove
			Add
			☐ Remove
			Add
			☐ Remove
			Add
			☐ Remove

effective date must be specific, cannot date this document is filed by the Flori	ate of filing: (option be prior to date of receipt or filed date and cannot be more than 90 days a day days and Department of State)	o nal) after
effective date must be specific, cannot date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 days	o nal) after
effective date must be specific, cannot date this document is filed by the Florited April 1st	be prior to date of receipt or filed date and cannot be more than 90 days and Department of State)	onal) after

Page 3 of 3

Filing Fee: \$25.00