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COVER LETTER

TO: Registration Section Division of Corporations

Exclusive Hosting, Net Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RJ Avalon Name of Person Firm'Company 500 N. Dniversity <u>50174</u>115 Coral <u>Springs, FL. 3307</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____at (<u>954</u>)___<u>345-44648</u> Area Code — Daytime Telephone Number RJ Avalon Name of Person

Enclosed is a check for the following amount:

🙀 \$25.00 Filing Fee

S30.00 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

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ARTICLE	S OF AMENDME	NT
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ARTICLES	5 OF ORGANIZAT	ION
	OF	国际在的
EXCLUSIVE HOS (Name of the Limited Liability (A Florida	ting. Net L ty Company as it now appears i Limited Liability Company)	LC
The Articles of Organization for this Limited Liability C	Company were filed on	18 2601 and assigned
Florida document number <u> 130008771</u> 2	<u>z.</u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company her	<u>.</u> e:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		. Florida
	Ciţy	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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		50Hz 115	Remove
		Coral Springs, FL 3307	[]_□ Change
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D. If amending any of	her information, enter chang	e(s) here: (Attach addit	onal sheets, if necess	агу.)
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(If an effective date is lis <u>Note:</u> If the date ins	ther than the date of filing: _ ted, the data must be specific and can perted in this block does not meet a date on the Department of State	not be prior to date of filing or the applicable statutory fili	(options nore than 90 days after fili ng requirements, this da	an 1 December 45 676 0901 (
If the record specific (b) The 90th day a	es a delayed effective date after the record is filed.	e, but not an effective	time, at 12:01 a.n	1. on the earlier of:
Dated	Fil 16	2019 M	Tank	l
	Signature of a men	aber or authorized representati	re of a member	
	Nikolay	BL4	KOV	
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		Page 3 of 3		

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