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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u>.</u> .	

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2015 AUG -3 AM 11: 50

COVER LETTER

TO: Registration Se Division of Cor		d ge	
SUBJECT:	Exposytion	LLC	
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
·		RT CALDERONS	<u>2</u>
	_ 	EXPOSYTION Firm/Company	
	1544 ERNS	ESTO DRIVE	,
	SARASOTI	9/FLORIDA 342 City/State and Zip Code Ilderone @ Cerilo. a	38
	Kurt. Ca	Iderone @ Cerilo. Co to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Kurt Calde	rone	at (941 685 -	-4739
Name of	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

TO ARTICLES OF ORGANIZATION

FILED

	Or	2015 AUG -3 AM H: 50
(Nome of the United I	OO SYTION LL iability Company as it now appea lorida Limited Liability Company)	^
(A F	lorida Limited Liability Company)	is on our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		^
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)	
	····	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	K)	
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Flo	rida 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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>C\$</u> 0	Katelyn Louise Calderone	1544 Ernesto Drive, Sarasotu, FL, 3423	B ☑ Add
			Remove
			Change
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' Effect	tive date, if other than the date of filing: (optional)	50
(If an cf Note:	frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(b) as the
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	July 27, 2015.	
	Signature of a member or authorized representative of a member	
	KURT CALDERONE	

Page 3 of 3

Filing Fee: \$25.00