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Division of Cor	porations
SUBJECT:	EXCLUSIVE CRUISES, LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	GEORGE MACROPULOS
	Name of Person
	GEORGE MACROPULOS Name of Person EXCLUSIVE CRUISES, LLC
	Firm/Company
	6525 COLLINS AVENUE
	Address
	MIAMI BEACH, FL 33/41 City/State and Zip Code ERIKO @ Theminosa com
	City/State and Zip Code
	erika @ theninosa.com
,	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
FRIKA	Bozz- 205 EU(2787.
	Bozzo at 305 5468282
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Excli	isive Cruises	S, LCC
(<u>Name of the Limited I</u> (A)	Liability Company as it now appears Florida Limited Liability Company)	on'our records.)
The Articles of Organization for this Limited Liabi Florida document numberL15000150	lity Company were filed on	113115 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company her	2:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the des	ignation "LLC" o: the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<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:	B . B . 1	
	Enter Floria	a street address
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	•	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the register than the regis	gent and agree to act in this ca and complete performance of n red agent as provided for in Ch istered office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Age	t, Signature of New Registered Agent
	_	RY SSE
	Page 1 of 3	TAU I

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> Address **Type of Action** Name | AKCAN MGR BIRCAN 6525 COLLINS AVENUE MIAMI BEACH, FL 33141 ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove Change

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fective date, if other than the	e date of filing: st be specific and cannot be prior to date of filing o	(optional) or more than 90 days after filing.) Pursuant to	o 605.02
ote: If the date inserted in this bl	e date of filing: st be specific and cannot be prior to date of filing of lock does not meet the applicable statutory from the partment of State's records.	lling requirements, this date will not be	o 605.02
ote: If the date inserted in this bl	lock does not meet the applicable statutory fi	lling requirements, this date will not be	o 605.02
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