LICOLO TEZE

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900322854719

01/07/19--01023--011 **30.00

JAN 1 6 2019 S. YOUNG

ALLAHASSEE FLORIDA

COVER LETTER

Division of Cor	rporations		
SUBJECT: Index	. Cjrele Mulfimedia Name of Lim	. UC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	\mathcal{M}_{a}	Name of Person	
		Name of Person	
	Tour Contr	A 11 /2 1 2	
		Multimedia, LLC Firm/Company	
	9960 Ashl	Address	······································
		Address	
	Tuna	FL 33610	
		FL 33610 City/State and Zip Code	
	marchog	un@gmail. com to be used for future annual report noti	
	E-mail address. (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
rane	T COM	Area Code Daytina	e reseptione (vanioe)
Enclosed is a check for the	/ -		
□ \$25.00 Filing Fee	当\$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:

TO:

Registration Section

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

Inner Circle Mult	imedia,	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now annea		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16060679828</u> .	were filed on	4/22/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
Exclusive Image, LLC The new name must be distinguishable and contain the words "Limited Liabil			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	990	OD Ashburn L	atre Dr
(Principal office address MUST BE A STREET ADDRESS)	Tax	19a, FL 33616	7 = 50
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>ent</u>	FILED M 6: 22
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
	City	, 10104	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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

_	
_	
_	
an effect ote: If	e date, if other than the date of filing:
recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
•	December 19 2018
ated	<u> </u>
ated	December 19 Warre Hogh Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00