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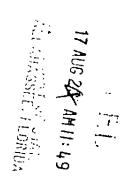
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	AYIAR EXCL	USIVE LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Steve	n Shrivelman Name of Person	
		Name of Person	
	CANIAR	Exclusive Firm/Company	LLC
		Firm/Company	
	1370 WE	Address # 200	7
	Miami	BEACH FL City/State and Zip Code	33139
		City/State and Zip Code	
	F-mail address: (11 a a o l. com	(lication)
For further information cor	cerning this matter, please ca		meacon)
Steven St	tivelman	at (G17) 838 Area Code Daytin	64 65
Name of I	'erson	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	following amount:		
2 \$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

CAVIAR EXCLUSIV	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)
Fine Articles of Organization for this Limited Liability Company Florida document number	were filed on \(\lambda \rangle \lambda \rangle \lambda \rangle \lambda \rangle \lambda \rangle \rangle \lambda \rangle \rangl
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2460 EAST COMMERCIAL BLVD. WHITE 200
Mailing address MAY BE A POST OFFICE BOX)	2460 EAST COMMERCIAN BLVD, UNITE 202 FT LAUDEROME FL 33308
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	SS. 2
hereby accept the appointment as registered agent and agreence or ovisions of all statutes relative to the proper and complete puccept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and or

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 Title Name Address Type of Action 4300 N OCEAN BLYD, WITSD DANG Elgine Krieger ☐ Remove ☐ Change _□ Add ☐ Remove _ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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effective date	if other than is listed, the date inserted in this	must be speci	fic and ca	nnot be prio	or to date of f	iling or more	than 90 days	after filing.) Pursu	unt to 60)5.02 tod
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		Signature	of a mer	nber or aut	horized repre	esentative of	a member				
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Page 3 of 3

Filing Fee: \$25.00