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DIVISION OF CORE CRANICHS

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COVER LETTER

TO: Registration Division of C			
N T 1 TO T 4 T 4 T 4 T 1	EXOTIC WEAR LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	KEYARA ELLISON		
		Name of Person	
	MIAMI EXOTIC WEAR		
		Firm/Company	**************************************
	18800 NW 2 ND AVE	9+e #106	
	 	Address	
	MIAMI GARDENS. FLO	RIDA 33169	
		City/State and Zip Code	
	MIAMIEXOTICINFO@G		
 	E-mail address: (a concerning this matter, please c	to be used for future annual report not all:	fication)
 KEYARA ELLISON		786 5060176	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the 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)
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COUR! Registration Section Division of Corpo Clifton Building 2661 Executive Country Tallahassee, FL 3.	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		T AM O
(Mailing address MAY BE A POST OFFICE BOX)		0 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	,	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		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>	Address	Type of Action
AMBR KEYARA ELLISON	2498 CENTERGATE DRIVE #202	■ Add	
	MIRAMAR . FLORIDA 33025	Remove	
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ective date, if other than n effective date is listed, the dat te: If the date inserted in the cument's effective date on t	must be specific is block does n	and cannot be property of meet the apr	dicable statutor	ng or more than 9 y filing require	(optional) 0 days after filing- ments, this date	10
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	Signature o	l'a member or au	thorized regress	ntative of a memb		

Page 3 of 3

Filing Fee: \$25.00