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Special Instructions to Filing Officer:			





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COVER LETTER

Division of Corporations
SUBJECT: EX DOSE & Marketing LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for fiting.
Please return all correspondence concerning this matter to the following:
Thierry Pierre Szymanski Name of Person
Firm/Company
944 Marguee Dr Address
Minneola FL 34715 City/State and Zip Code bella expox my troduct. Com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dalouse Szymanski at 305 924 45 19 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St

MAILING ADDRESS:

Registration Section

TO:

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

SECRETARY OF STATE
SIVISION OF CORPURATIONS
18 AUG -6 AM 10: 26

The Articles of Organization for this Limited Liability Company were filed on July 18 2018 and assigned Florida document number L1800D173 687.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Changing Registered Agent, Signature of New Registered Agent

AVENTURA Florida 33180

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thierry Pierre Szymans	K' 3300NE 1915	b5 _Add
	•	APT 1717	Remove
		Aventura, FL 33180	Change
			□ Add
			□ Remove
			O Change
		 	Remove
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Note	tive date, if other than the date of filing: $\frac{08-01-2018}{00000000000000000000000000000000000$	o 605. e liste	0207 (3 d as u
uccu		arlie	r of:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e e 90th day after the record is filed.		
the report	e 90th day after the record is filed. $08 - 01 - 2018$		
the report	e 90th day after the record is filed.	_	

Page 3 of 3

Filing Fee: \$25.00