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COVER LETTER

SUBJECT: EXPOSED Marketing U.C. Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Thierry Pierre Szymanski			
Firm/Company			
3300 N E 191 Street Unit 1717			
AVENTURA, FL 33/80 City/State and Zip Code Della expose my traduct. Com E-mail raddress: (to be used for futury aphual report notification)			
For further information concerning this matter, please call:			
Dalouse Szyman Ski 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 \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)\$\Bigcup \$\text{\$60.00 Filing Fee}, \\ \text{Certified Copy} (additional copy is enclosed)\$\Bigcup \$\text{\$60.00 Filing Fee}, \\ \text{Certified Copy} (additional copy is enclosed)\$\Bigcup\$			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

EXPOSE d Marke (Nume of the Limited Liability Compan (A Florida Limited L.)	y as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company $\frac{18000173687}{}$.	were filed on <u>JU/Y 18, ZO/S</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ō⊬i 500
	5 P	FILE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2: A	<u>v.</u>
Mading duaress MAT BE A FOST OFFICE BOX	02	77
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e <u>new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	_
	City Zin 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 **Type of Action** Title Address Name AMBR Dalouse Szymanski 3300NE 1915 APT 1717 KADO Aventura, FL 33180 ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Remove Change _□ Add _□ Remove _ Change □ Add ☐ Remove

_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Add Dalouse Szymanski	_
as an authorized member.	
Not as a register agent only.	_
	-
New Authorized Member is	-
100 - TIMITION TO	-
Dalouse Szymansko 3300 NE 191 street unit 17:17	<u>-</u>
3300 NE 191 street unit 1717	_
AVCntura, FL 33180	SIAIG 35
AVENTURA, FL 33180	CRE I
<u> </u>	
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E. Effective date, if other than the date of filing: ## 13, 2018 (optional) (If an effective date is listed, the date must be specific and cannot by prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	- 5,0207 (3 kb) ted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	ier of:
Dated AUGUST 13 ^{H1} 2018 Signature of a member or authorized representative of a member	
Signature of a member or suffer and consequently of a member	
Signature of a memory of anatorized representative of a memory	
Thierry Pierre Szymanski	

Page 3 of 3

Filing Fee: \$25.00