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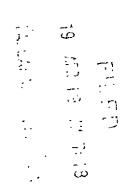
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Curio and Catiba Nama)				
(Business Entity Name)				
(Document Number)				
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APR 2 7 2019 S. YOUNG Please feel free to contact me if you have any questions or need further assistants.

Clely Merlos / Pierre Charalambides 305 333 1959

COVER LETTER

Div	ision of Corp	porations		
CHOLUZEE.	Museum of	Illusions LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	o the following:	
		Pierre Charalambides / Clel	y Merlos	
			Name of Person	
		MOI Miami LLC		
			Firm/Company	
	404 Washington Avenue suite#750			
			Address	
		Miami Beach, FL 33139		
		pierre@dolphincp.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notif	leation)
For further i	nformation co	oncerning this matter, please ca	II:	
Pierre Chara	ılambides		305 469-1178 at ()	
	Name of	l'Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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:

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

Museum of Illusions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/15/2018 and assigned Florida document number $\frac{L18000242570}{L18000242570}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOI Miami LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_	
(If an effec <u>Note:</u> It	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	APRIL 9. 2019.
	Signature of a member or authorized representative of a member
	Pierre Charalambides
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00