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lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

\_\_\_\_\_

Account Number : 120150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACALVERAO USA, LLC

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## f 1 >> 850-617-6381 ARTICLES OF AMENDMENT TO

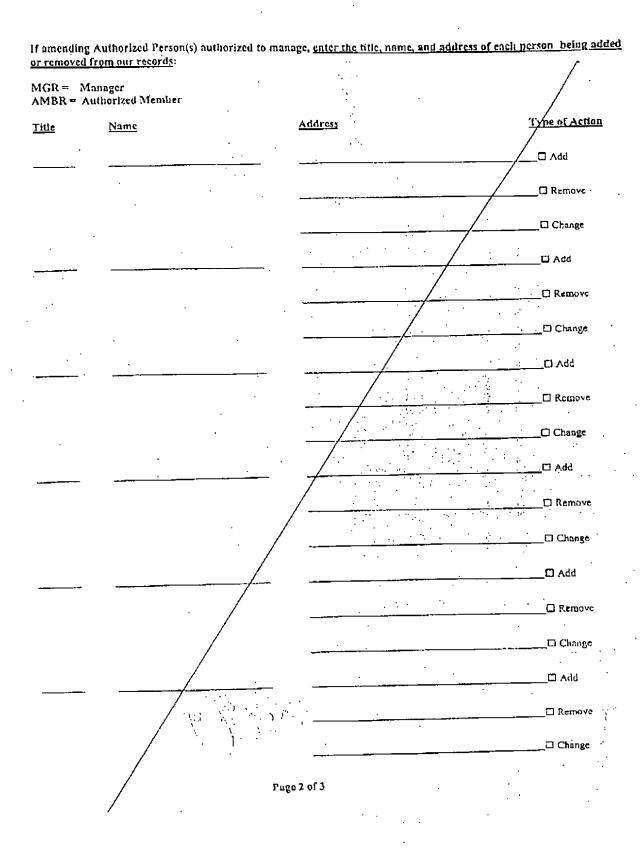
## ARTICLES OF ORGANIZATION | [ [ ] ]

ACAI VERAO USA, LLC			2813 NOV -8 P	2: 44
(Name of the Limited L (A F	inhibity Compar lorida Limited L	ny at it now appe liability Company	ars on our records.)	•
The Articles of Organization for this Limited Liabil Florida document number L19000265280	ity Company 	were filed on $\frac{1}{2}$	0/14/2019	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabi	ility company	here:	
EXOTIC ACAI, LLC				
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET A	DDRESS)			<u> </u>
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	4~	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address her	ffice address (	un our records, <u>en</u>	ter the name of the
Name of New Registered Agent:	N/A			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		Enter F	lorida sircei address	
_		<u>.                                    </u>	, Florida	
		City		Zip 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



Dated \_\_\_\_\_

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