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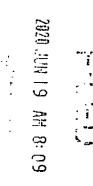
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AUG 0 5 2020 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT.	XKLUSIV R	N MIAMI	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LATOYA NESBETH		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	XKLUSIV RN MIAMI		
		Firm/Company	
	14629 SW 104 ST	REET #229	
		Address	
	MIAMI FL 33186		
		City/State and Zip Code	
	XKLUSIVRNMIAMI@GM		
	E-mail address: (to be used for future annual report r	notification)
For further information c	oncerning this matter, please co	all:	
LATOYA NESBETH		305 562 - 3	783
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration : Division of C	
P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XKLUSIV RN MIAMI, LLC	1 §
(Name of the Limited Liability Comps (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number L19000293251	were filed on 12/2/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14629 SW 104 STREET
(Principal office address MUST BE A STREET ADDRESS)	#229
	MIAMI FL 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 14629 SW	104 STREET, #229
	Enter Florida street address
MIAMI	, Florida 33186
	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

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
			□Add
			□Remove
			Remove
			☐Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
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		□Remove	
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			□Change

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Dated JUNE 12 2020	Dated JUNE 12 2020		The 90th day after the
Dated	Dated	d is filed.	
Dated	Dated	JUNE 12 2020	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00