

L 2000000 3929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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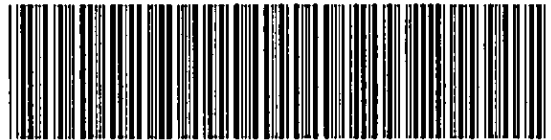
(Business Entity Name)

(Document Number)

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FEB 22 2021
C. M. M. R.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: EXHIBA LLC
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:

DAMIAN BENITEZ
Name of Person

EXHIBA LLC
Firm/Company

1784 Marseille Dr Apt 1
Address

Miami Beach Fl 33141
City/State and Zip Code

Claudia@bookkeeping101now.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Peralta 786 280-4751
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JAN 27 PM 1:15
CLERK OF COURT
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXHIBA 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 1/6/2020 and assigned

Florida document number L20000003929

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1784 Marseille Dr Apt 1

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach Fl 33141

Enter new mailing address, if applicable:

1784 Marseille Dr Apt 1

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach Fl 33141

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:

1784 Marseille Dr Apt 1

Enter Florida street address

Miami Beach

Florida 33141

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

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/27/90

X 
Signature of a member or authorized representative of a member

DAMIAN BENITEZ
Typed or printed name of signee