

Division of Corporations

L20000143951

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3869

****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
LEGACY BISOU LLC**

Certificate of Status	0
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SEP 03 2021

S. PRATHER

2021 SEP -2 AM 11:25

TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEGACY BISOU 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

SALES@LEGACYBISOU.INFO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at (_____) _____

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY BISOU LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 SEP -2 AM 10: 02
FILED
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/27/2020 and assigned

Florida document number L20000143951

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EXOTIC LIFE 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)

401 East Jackson Street

Suite 2340 A

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 East Jackson Street

Suite 2340 A

Tampa, FL 33602

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SLAUGHTER, JEFFREY		<input type="checkbox"/> Add
		2900 UNIVERSITY SQUARE DR TAMPA, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRUSAN, TIMOTHY, II		<input type="checkbox"/> Add
		2900 UNIVERSITY SQUARE DR TAMPA, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSHUA SCOTT	9013 AVENUE CLUBN DR, UNIT 103 TAMPA, FL 33637	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BILLIE LIVELY	610 FIRST AVE NE RUSKIN, FL 33570	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAN, LINH		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9013 AVENUE CLUB DR, UNIT 103 TAMPA, FL 33637	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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 August 27, 2021

Typed or printed name of signer

STATE
TALLAHASSEE, FLORIDA

2021 SEP -2 AM 10:02

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