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NAME:

EXOTIC CREATIVE SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

30.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obbie Hodge

•	•	COVER LETTER	Completino (
TO: Registration S Division of Co			12/3/20
SUBJECT: $\int X$	Name of Li	mited Liability Company	Jims, LLC
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
•	KONALD	F. Ack	<u> </u>
EXOY	TC CREN	TIVE SOLW	Vows LLC
TURN 12	01 Flor	EIDN AVE	3.
aress) M	/BST	Address PFV	1ch FLA 33401
(OR) RON	WALD E-mail address:	City/State and Zip Code 10 TMA (to be used for future annual report noti	
For further information c	oncerning this matter, please	call:	07 (07)
RONALD Name o	nck (Person	at (Z/) 558 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		·
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of State	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Making Address	s: - X/aī	Street Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EXOTIC CREATIVES	alu 10 Nº	5 LLC
	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	reobrds.)
	The Articles of Organization for this Limited Liability Company	were filed on Al	5 702 and assigned
	Florida document number 220002440	55	1
入	This amendment is submitted to amend the following: $N_{\mathcal{O}}$		
	A. If amending name, enter the new name of the limited liab	ility company here:	
			WITON About the size of I C "
	The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	a "LEC or the aboreviation L.L.C.
×	Enter new principal offices address, if applicable: >//0		
	(Principal office address MUST BE A STREET ADDRESS)		
			30
	Enter new mailing address, if applicable:		
Ţ	Effet new maning address, it approaches		ت يَّ الله
	(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: No		
	N Chlor Devistand Acoust		
	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida stree	1 address
			. Florida
		City	Zip Code
Ĺ	New Registered Agent's Signature, if changing Registered Agent	<u>:</u> No	
	I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my du provided for in Chaptei	ties, and I am familiar with and r 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
Title NEMDER WNER.	Name ANIHONY RIENZI	1409 FLORISM NE WEST PILM BENCH FLA 33401	
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we date, if other than the date of filing:	e statutory filing requirements, this	filing.) Pursuant to 605.020
specifies a delayed effective date, but not an effective time, ed.	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dire 7 - 2626	in the second second	
Signature of a member or authorize	ed representative of a member	
- Engravato of a monitorior inditionix		

Filing Fee: \$25.00