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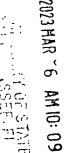
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5/2/23 VIN



COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		E EXOTIC RENTALS LLC			
SUBJECT.		Name of Lim	ited Liability Company	_	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	,	
		ondence concerning this matter			
		Bodiny Benoit			
		···	Name of Person		
		The Expedire Group LLC			
		Firm/Company 3861 Pembroke Road			
		Address			
		Hollywood, FL 33021			
		1bo@wtdenterprise.com	City/State and Zip Code		
		E-mail address: (to be used for future annual repo	ort notification)	
For further in	nformation c	oncerning this matter, please c	all:		
Bodiny Bene	oit		305 542-96		
	Name o	f Person	Area Code I	Daytime Telepho	ne Number
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Expedire Exotic Rentals LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05/17/2021	and assigned
Florida document number L21000226715		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	pility company here:	
THE EXPEDIRE GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023 H4
Principal office address MUST BE A STREET ADDRESS)		
		6 1
		AMIO:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		09 ATE
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent.		·····
New Registered Office Address:	Enter Florida street address	
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	, Flo	orida
	c iù.	z.yr Coxte

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
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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			□ Change

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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be pri ck does not meet the appl	licable statutory filing	(options) ore than 90 days after fill grequirements, this do	ng.) Pursuant to 605,0207 (
ne record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated	2023			
12				
Si	signature of a member or aut	thorized representative of	of a member	