

To:

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2025-01-04 09:34:14 UTC+14

18506176383

From: ZenBusiness User

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H25000003480 3))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2025 JAN -3 PM 3:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FEINPRINT EXOTICS LLC

Certificate of Status	0
Certified Copy	0
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2025 JAN -3 PM 3:25

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2025-01-04 09:34:14 UTC+14 18506176383

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

Feinprint Exotics 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 06/21/2021 and assigned
Florida document number U21000286690

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:

(Principal office address MUST BE A STREET ADDRESS)

322 Maple Tree Lane

Chuluota, FL, 32766

US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

322 Maple Tree Lane

Chuluota, FL, 32766

US

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

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	David E. Feinberg	322 Maple Tree Lane	<input checked="" type="checkbox"/> Add
		Chuluota, FL 32766	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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