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DATE: 11/18/21

NAME: EXOHIKO LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	tration Sec on of Corp				
	хоніко г				
SUBJECT: _			nited Liability Company	<u></u> .	
The enclosed A	articles of A	mendment and fec(s) are sub	omitted for filing.		
Please return al	ll correspon	dence concerning this matter	to the following:		
		SEVERINE GIANESE-PI	TTMAN		
			Name of Person	1	
		GIANESE-PITTMAN PA			
			Firm/Company	······································	
		100 N. BISCAYNE BOUI	LEVARD SUITE 303	35	
			Address		
		MIAMI FL 33132			
			City/State and Zip C	ode .	
		SGIANESE@GMAIL.COM	-		
For further info	rmation cor	E-mail address: (accrning this matter, please c	to be used for future an	nual report notifica	ation)
SEVERINE PI		,	786	547 6919	
	Name of I	Person	at (at Code	Daytime T	clephone Number
Enclosed is a cl	neck for the	following amount:			
≡ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy i	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address: tration Se		· · · · · · · · · · · · · · · · · · ·	et Address:	on
_		rporations	_	istration Section is in the section of Corpo	
P.O . 1	Box 6327	•	The	Centre of Tall	lahassee
Tallal	hassee, FI	. 32314	241:	5 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXOHIKO LLC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	cars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	NOVEMBER 12 2021	and assigned
Florida document number 21000486768		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	£50 2021 NO
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:		<u></u> σ
Principal office address MUST BE A STREET ADDRESS)		
	·-···	<u>.</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		. <u> </u>
Taming wastess IEAT BE A TOST OF FICE HOA	 	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of	the new regis
Name of New Registered Agent:		
New Registered Office Address:	lorida street address	
Enter F	IOI IAA 31/EEI (AAI/ESS	
City	, Florida	in 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 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
AMBR	GEORGIA CARTESEN	4425 PRAIRIE AVENUE MAIMI BEACH FL 33140) □Add
			_ = Remove
			_ Change
AMBR	GEORGIA CARSTENSEN	4425 PRAIRIE AVENUE MIAMI BEACH FL 33140) _ ≣Add
			_ 🗆 Remove
			_ Change
			_ DAdd
			2027 □ Remove
		i.	Change
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ve date, if other than t	he date of filing:		(optional)	
ective date is listed, the date r	must be specific and cannot be prior to da block does not meet the applicable		ys after filing.)	
ent's effective date on the	Department of State's records.	statetory ming requiremen	uis, uns una	will ike be lis
d specifies a delayed effected.	tive date, but not an effective time,	at 12:01 a.m. on the earlie	rof:(b) The	: 90th day aft
11/18	2021			
	_			
gienezh	Signature of a member or authorized			

Filing Fee: \$25.00