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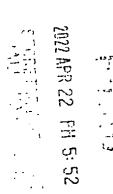
(Requestor's Name)
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COVER LETTER

TO: - Registration Section

Division of Corporations

	oal Enterprise				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Esther Hodge				
		Name of Person		-	
Hodge Global Enterprise					
Firm/Company					
	2131 Saragossa Ave				
		Address		-	
	Deland, Fl. 32724				
		City/State and Zip Code		-	
	naturalerown1@gmail.com			202 SE	
	E-mail address: (to be used for future annual report not	ification)	72 AF	
For further information co	oncerning this matter, please co	all:		2022 APR 22 SECRETIFY	; , ·
Esther Hodge		407 437-8878 at ()_		- 第 2 - 7g = 1	2
Name o	f Person	Area Code Daytin	ne Telephone Number		л. л. л.
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status	
Mailing Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration So Division of Co	rporations		
P.O. Box 632 Tallahassee, F		The Centre of ' 2415 N. Monro	Tallahassee oc Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hodge Global Enterprise, LLC

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

	(12/20/21)	The second
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{03728722}{}$	and assigned
Florida document number 1.22000150897		and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liabili	ty company here:	
It's Exclusive, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		177.6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning duaress MAT BEAT OST OFFICE BOAY		
		· · · - ·
B. If amending the registered agent and/or registered office ad	dress on our records	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	City	Florida 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>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		W-14-1-1	□Add
			□Remove
			☐Change
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

(lf an <u>Not</u>	effective date, if other than the date of filing:
If the rec record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	April 19 2022
i)iii	
	Signatury of a member or authorized representative of a member
	11

Typed or printed name of signee