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(((H250000338613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AC ACCOUNTING SERVICES, LLC

Account Number: I20220000194 Phone : (305)721-8342. Fax Number : (786)349-5019

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liability C (A Florida Lia	onumny as it now indicars on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com Florida document number 1.22000458634	pany were filed on 10/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
EXOTIC WORLD MIAMELLC		
The new name must be distinguishable and contain the words "Limited	Linbility Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		25
		A A
Enter new mailing address, if applicable:		12
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>ente</u>	r the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Registered Office Address:	Fire Florida	
	Enter Florida street addre	27.5
	City F	lorida
	Cur	гр Соне

inture. 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 agant 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

_____ Change

If amending Authorized Person(6) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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