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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registrati Division o			·	
SUBJECT:	<u>3</u> D	EXOTIC AU-	10 MOTINE LLC red Liability Company	
The enclosed Artic	les of Am	endment and fec(s) are sub-	nitted for filing.	
Please return all co	rresponde	nce concerning this matter t	to the following:	
		WILLIAM L	DANIELS S	? `·
		BD 60	Firm/Company	E LLC
		632 EVE	RGREEN STR	EET
		PAIMBAY	Address FLORIDA 3 City State and Zip Code	. Z907
	-		GMAIL COM o be used for future annual report notific	ation)
		erning this matter, please ca	ull:	
William	D A.	NIELS rson	at (321) 987 - Area Code Daytime	P245 & Selephone Number
Enclosed is a check	k for the f	ollowing amount:		,
□ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	(1) \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Soo.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing / Registra	ition Sec		<u>Street Address:</u> Registration Sect Division of Corp	
Divisior P.O. Bo		porations	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
(A TIOTAL LIBEOT	NOVEMBER 14,	2022	
The Articles of Organization for this Limited Liability Company	were filed on November 14	Le Fa nd assi	gned
Florida document number <u> </u>	,,		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "ELC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:	PALM BAY, FLOR	15 <u>7</u>	
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY, FZON	10A 3	2907
	2277 - 2422-14	1	
Enter new mailing address, if applicable:	3283 BUKNOK	AUE	
(Mailing address MAY BE A POST OFFICE BOX)	MELBOURNE, FL	ORIDA	
	3285 BURDOCK, MELBOURNE, FZ 32904		
B. If amending the registered agent and/or registered office :	address on our records, <u>enter the na</u>	me of the new	registered
agent and/or the new registered office address here:			
			1 .
Name of New Registered Agent:			
New Registered Office Address:			1
New Registered Office Address.	Enter Florida street address	-1-11	7.2
	Florida	Zip Cap	* 111
-	Civ.	Zip C 020	
Now Donictored Agent's Signature if changing Registered Agent			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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WILLIAM L. DANIELS J. C. (HANGE T WILLIAM L. DANIELS J.I. ENCLOSED IS COPY CIP DRIVERS LIC YAND BIRTH CERTIFICATE	
ENCLOSED IS COPY OF DAIVERS LIC	
AND BIRTH CERTIFICATE	2624 JAN CONETTALL
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ctive date, if other than the date of filing:	r filing.) Pursuant to 6
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	b) The 90th day al
1 15 2024	
William Davils Signature of a member or amborized representative of a member	

Filing Fee: \$25.00