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COVER LETTER

	Registration Se Division of Cor				
CUBIEC	Sylvia Ivett	e Ortiz			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Sylvia Ivette Ortiz			
			Name of Person		
		Exclusive Experience			
	Firm/Company				
		13 E Darlington Ave Apt 3	oC .		
			Address	······································	
		Kissimmee Fl 34741			
			City/State and Zip Code		
		exclusive.experience01@gr	nail.com to be used for future annual report n	otification	
F 6			·	ouncation)	
		oncerning this matter, please c			
Sylvia Iv	rette Ortiz		407 7970193 at ()	ime Telephone Number	
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:			
富 \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration S	Section	
	Division of C		Division of C		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exclusive Experience				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company	y were filed on 12/08/20	22	_ and assig	gned
Florida document number L22000516739.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here:			
Sylvia Ivette Ortiz LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designate	tion "LLC" or the abbre	viation "L.L.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			2	
		ر اوب - اوب	123	
			#AR	11
Enter new mailing address, if applicable:		ا مسيا اساورا	. 7	ī
(Mailing address MAY BE A POST OFFICE BOX)		<u>හි</u> ගර	A	[11]
maning waters MAT BE AT OST OFFICE BOX		(:10	∘: ≅≅ ∂ co:	
		כייו	: vi	
B. If amending the registered agent and/or registered office	addrace on our record	le antar the name a	f the new	ronictors
s. If amending the registered agent and/or registered office address here:	address on our record	is, enter the name o	i the new	<u>t eg</u> ister t
Name of New Registered Agent:			···-	
New Registered Office Address:				
	Enter Florida str	eet 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 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
			□Adđ
			□Remove
			□Change
			□Add
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fective date, if ot	her than the date of filed, the date must be specificated in this block does no	and cannot be prior to ot meet the applica	to date of filing or more that	(optional) n 90 days after filing.) F irements, this date w	Pursuant to 605.0207 ill not be listed as
ote: If the date inse	date on the Department of	of State's records.			
te: If the date insecument's effective ecord specifies a de	date on the Department of		nc, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ote: If the date insecument's effective	date on the Department of		ne, at 12:01 a.m. on the	earlier of: (b) The	90th day after the

Filing Fee: \$25.00