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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations		
CUDIECT.	EXOTIC	EVENTSMIAMI LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #1320)
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
	E-mail address: (pelkreindler@gmail.co	ort notification)
For further information c	oncerning this matter, please c		
Sonia Bo	ecerra	at (<u>877</u>)	777-0450
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Addr</u> Registratio	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		• • • • • • • • • • • • • • • • • • • •
EXOT	ICEVENTSMIAMI LLC	; 0
(Name of the Limited L (A F	iability Company as it now appears on our record londa Limited Liability Company)	(3.)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	23 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		the name of the new regist
Name of New Registered Agent:	Joel Kreindler	
New Registered Office Address:	For Florida	
	Enter Florida street addres	
_	, Flo	o rida

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.

X Joel Kraindler
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
AMBR	JOEL KEINDLER	220 23RD ST APT 604	□ Add
		MIAMI BEACH, FL 33139	X Remove
AMBR	JOEL Kreindler	220 23RD ST APT 604	X Add
		MIAMI BEACH, FL 33139	Remove
			□Change
			□ □ Remove
			□Add
		···	 □Restrove
			□ Change
			□Add
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fan effectiv <u>Note:</u> If ti	date, if other than the e date is listed, the date mus ne date inserted in this blass s effective date on the De	t be specific and ca ock does not mee	nnot be prior to et the applicab	date of filing or le statutory fil	more than 90 days	optional) after filing.) Pursu , this date will n	nant to 605.0207 (not be listed as t
record sp d is filed.	ecifies a delayed effectiv	e date, but not an	effective tim	e, at 12:01 a.m	. on the earlier o	f: (b) The 90th	day after the
Dated	June 28th Joel Kri	· ·	2023	.·			
	OOK	in Dan					
v	Joel Ar	inceen					
X	Joel Ar	Signature of a me	mber or authori	zed representati	ve of a member		