

L24000461312
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000406327 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

Email Address: _____

2024 DEC 10 PM 2:18
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXOTIC EDGE GEAR LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC 11 2024

H24000406327 3

To:

Page: 2 of 4

2024-12-11 08:01:35 UTC+14
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

18506176383

From: ZenBusiness User

FILED
2024 DEC 10 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Exotic Edge Gear LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/30/2024 and assigned
Florida document number L24000461312

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IllumiArc Media LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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2024 DEC 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Purpose should be alter to read as follow:

We produce captivating videos and strategic social media content to elevate brands, engage audiences, and drive growth in the digital space.

2024 DEC 10 PM 2:19
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ST. LOUIS, MO
WILLIAMSON COUNTY, MO

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12/10 2024

/s/ Brodi Bukowski

Signature of a member or authorized representative of a member

Brodi Bukowski

Typed or printed name of signee

H24000406327.3

Filing Fee: \$25.00