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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: XCLUSIV QUEER	N CORP			
DOCUMENT NU	D20000048022				
The enclosed Articl	es of Amendment and fee are su	abmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	MILUSKA BERROCAL				
	Name of Contact Person				
	2GB ACCOUNTING INC				
	Firm/ Company				
	318 NE 5TH PLACE				
		Address			
	MIAMI FL 33034				
		City/ State and Zip Cod	e		
	2qb.mberre	ocal a gmail	, com		
	E-mail address: (to be us	sed for future arnual report	notification)		
For further informa	ion concerning this matter, plea	se call:			
MILUSKA BERROCAL		305 at (519-6768 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

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AUI.	JUBI	¥	w		1.	COP	٠r.

Nome of Corporation or ourses	itly filed with the Florida Dept. of State)		
P20000048022	they med with the Piorida Dept. of State)		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:			
XCLUSIVE MIA INC	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	XCLUSIVE MIA INC		
(Principal office address MUST BE A STREET ADDRESS)	8560 SW 28 STREET		
	MIAMI, FL 33155		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	XCLUSIVE MIA INC		
	8560 SW 28 STREET		
	MIAMI, FL 33155		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
ıFlorida s	street address)		
New Registered Office Address:	(City) . Florida (Zip Code)		
	(City) (24) Code)		
New Registered Agent's Signature, if changing Registered Ager			
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.		
Signature of New	Registered Agent, if changing		
organiare by them	regime on regently changing		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
rmach additional streets, if necessary).	
	
	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	_
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
· · · · · · · · · · · · · · · · · · ·	

11/24/2023	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del> </del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
11/24/2023	
Dated	
	7
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	<u> </u>
appointed fiduciary by that fiduciary)	
	<del>.</del> .
DENY J BELTRAN ALVARADO	<del>-</del> 
(Typed or printed name of person signing)	•
PRESIDENT	: 2
UNLOHZUNA	£.

(Title of person signing)