P22000030002

Office Use Only



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05/08/23--01020--011 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EXCLUISVE CUS	STOM INC			
	BER: P22000030002				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	HECTOR CUEVAS				
	Name of Contact Person				
	EXCLUSIVE CUSTOM INC				
	Firm Company				
	900 NE 154 STREET				
	Address				
	MIAMI, FL 33162				
	City/ State and Zip Code				
	EXCLUSIVECUSTOM7@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
HECTOR CUEVAS		786 at (403-4277		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 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)		
An Div P.C	niling Address nendment Section dision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of



EXCLUISVE CUSTOM INC

EXCLUSIVE COSTOM INC	- 1467.5	
(Name of Corporation	on as currently filed with the Florida Dept. of St.	ate)
P22000030002		 ,
/ Doyun	nent Number of Corporation (if known)	
CIACCIII	iem (varioer of Corporation (it known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the	ne following amendment(s)
A. Hamending name, enter the new name of the ed	orporation:	
EXCLUSIVE CUSTOM INC		The new
name must be distinguishable and contain the word "co "he.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional corporation name m	abbreviation "Corp.,"
B. Enter new principal office address, if applicable	8	
Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
D. If amending the registered agent and/or register	red affice address in Florida, antar the name of t	h an
new registered agent and/or the new registered	office address:	<u>ne</u>
Norman A.V. and Dominston and Assessed		
Name of New Registered Agent		
 	(Florida street address)	
New Registered Office Address:	, Floric	lo.
the registered office statess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the	position.
Stan	ature of New Registered Agent, if changing	
ngne	аасс од эск мехметеа луст, и спануту	

Check if applicable

(I) The amendment(s) is/arc 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)

Example:

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

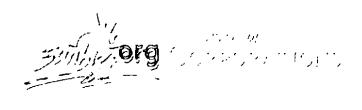
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director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

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
L) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change		_	
Add			
Remove			,,
6) Change			
Add			
Remove			

Attach <i>additional s</i>	ding additional Arti- theets, if necessary).	(Be specific)			
			 		
		· · · · · ·			
·				·	
			W		_
			·		
<u>provisions for im</u>	provides for an exch plementing the amer able, indicate N/A)	ange, reclassific: ndment if not co	ation, or cancellat ntained in the am	tion of issued share endment itself:	:: <u>s,</u>
(i) iiii uppii(ii	7AC, DANCON (17,11)				
					-
					

The date of each amendment(s date this document was signed.	adoption:	, if other than the
and the document was signed.		
Effective date <u>if applicable</u> :	tno more than 90 days after amendment tile dater	
	the more plane to days after unknown fire date?	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
(1) The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes e	ist for the amendment(s) was/were sufficient for approval	
by SHAREHOLDERS		
	(voting group)	
MAY 5. Dated/ Signature	Jector Cuavas	
sele	i director, president or other officer—if directors or officers have noted, by an incorporator—if in the hands of a receiver, trustee, or oto sinted fiduciary by that fiduciary)	
	HECTOR CUEVAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	



Detail by Entity Name

Florida Profit Corporation EXCLUISVE CUSTOM INC

Filing Information

Document Number

P22000030002

FEI/EIN Number

88-3369539

Date Filed

04/06/2022

Effective Date

04/06/2022

State

FL

Status

ACTIVE

Principal Address

900 ne 154 st miami, FL 33162

Changed: 04/24/2023

Mailing Address

900 ne 154 st

MIAMI, fl 33162 UN

Changed: 04/24/2023

Registered Agent Name & Address

CUEVAS, HECTOR

900 ne 154 st

MIAMI, FL 33162

Address Changed: 04/24/2023

Officer/Director Detail

Name & Address

Title P

CUEVAS, HECTOR 156 NW 88TH STREET

EL PORTAL, FL 33150, FL 33150

Annual Reports

Report Year

Filed Date