# 105000033917

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

Division of Corporations
SUBJECT: BRIENZA DESIGNER SHOES LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
IDA C OVES
TOA C OVIES (Name of Person)
IDA C ONIES CAA PA
(Firm/Company)
<u>8307 Douglas Ro # 400</u> 99 99 99 99 99 99 99 99 99 99 99 99 99
(Address)
MIAMI FZ 33145 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
The O Owner was the Arms
TOA C OVIES at (305) 447 880/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)

## MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

BRIENZA DESIGNER

FIRST:	The Articles of Organization were filed on 4/04/05 and assigned document number 4.05000033917.		
SECOND:	This amendment is submitted to amend the following:	- · · ·	=
	TO CHANGE PRINCIPAL ADDRESS TO:		· •
	530 SW /13 TERRACE		
	PEMEROKE PINES, FZ 33025		
	To allower Maying property to		<del></del>
	TO CHANGE MAILING ADDRESS TO:		. <del>.</del>
	2307 DOUGLAS RO # 400		
	MIAMI, FZ 33145	· <del></del>	- <del>-</del>
			OIVIEUR OF A
Dated	9/25/	18 PM 2:56	
	Marcolo Maculax Signature of a member or authorized representative of a member	56	ATE TIGH
	MARIANO MACULAN MEMBER  Typed or printed name of signee		- ·

Filing Fee: \$25.00