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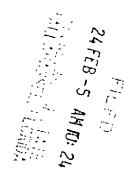
| (Requestor's Name) | | | | |
|---|----------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of St | atus | | | |
| Special Instructions to Filing Officer: $J.\ H$ | ORNË | | | |
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COVER LETTER

| TO: Registration Division of C | Section Corporations | s5w | , |
|--------------------------------|--|---|--|
| SUBJECT: <u>Sw</u> | | Limited Liability Company | OLLECTION, LLC |
| The enclosed Articles (| of Amendment and fee(s) are | submitted for filing. | |
| Please return all corresp | pondence concerning this mat | ter to the following: | |
| | CAROLINA | RINCHERE Name of Person | |
| | SWIMWEAR | BY CORSETTI COL | LECTION, LLC |
| | 6000 GLADE | ES RD Suite- | 1076 |
| | BOCA RA | TON FL 334 City/State and Zip Code | 1-31 |
| V | Silvin Wear by C E-mail address: | to be used for future annual report not | ication) |
| For further information co | oncerning this matter, please c | all: | |
| CAROLINA (Name of | Rinchere | at (954) 865 Area Code Daytime | -7644 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWIMWEAR BY CORSETTI COLLECTION, 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 ___ Florida document number <u>L21000429030</u> This amendment is submitted to amend the following: 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." 6000 Glades Road Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2306 Pinehurst Drive, BoynTON Enter new mailing address, if applicable: Reach FL 334 (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: 6000 Glades Roud Suite 1076

Enter Florida street address

BOCA Raton Florida 33431

Zip Code New Registered Office Address:

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 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 |
|--------------|-------------------|---|----------------------------|
| MGR | CAROLINA RINCHERE | <u> </u> | □Add |
| | | 413 E POLMETTO PARK FL 33432 | R.D. BOCA RATTON, MRemove |
| | | 413 E POLMETTO PARK FL 33432 6000 Gelades RA, Sinte 1 FL 33431 | V. H. BIXA RATON ID Change |
| | | <u> </u> | |
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