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COVER LETTER

TO: Registration Division of C	Section Corporations				
NOR SUBJECT:	TH RETAIL, LLC				
	Name of Lis	mited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
	REMY ABUEG				
		Name of Person			
	NORTH RETAIL, LLC	:			
		Firm/Company			
	210 SEVENTY-FIRST	STREET, SUITE 309			
		City/State and Zip Code			
	remy@elyseeine.com				
For further information	E-mail address: a concerning this matter, please of	_	ification)		
rot futther information	concerning this matter, please of	call;			
Remy Abueg		305 864-8885 at (
Name	of Person		ne 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 Addr Registration		Street Address: Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 63 Tallahassee,		The Centre of T			
rananassee,	. L LJ J Z J L 14	2413 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH RETAIL, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
lorida document numberL00000004679		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2821
Principal office address MUST BE A STREET ADDRESS)		833.
		23 C
		PH S
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		07
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

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	ERIC YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	= Add
		MIAMI BEACH, FL 33141	□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
		 	□Remove
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			□Remove
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			Remove
			□ Change

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lf an effec Note: If	e date, if other fl tive date is listed, the the date inserted int's effective date of	date must be spec n this block doe	ific and cannot be s not meet the a	prior to date of pplicable stati	filing or more thatory filing requ	(option on 90 days after f direments, this	nal) iling.) Pursuant to date will not be	605.0207 (listed as t
e record s rd is filed	specifies a delayed d.	effective date, b	out not an effect	ive time, at 12	::01 a.m. on the	e earlier of: (b)	The 90th day a	fter the
Dated	FEBRUARY 18					ı		
		Signatur	e of a member or	uthorized ren	resentative offer	nember .		

Filing Fee: \$25.00