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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SILVA'S ENTERPRISE, INC.

Account Number : 120020000100 : (305)944-9755 Phone Fax Number : (305)944-0955

LIMITED LIABILITY AMENDMENT

SHOP ITALIQUE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SHOP ITALIQUE, L. L.C.

(Present Name) (A Florida Limited Liability Company)

FIRST:

The date of filing of the articles of organization was _____ March 06, 2003

SECOND:

The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Article II - Address: The new principal place of business of the Company in Florida shall be 200 Leslie Dr. Suite 404 - Hallandale Fl 33009.

Article III - Registered Agent: The new name and the Florida street address of the registered agent are:

Fernando Silva 16300 NE 19 Ave. Suite C North Miami Beach FL 33162

Article IV - Managing Members: a) The Managing Members shall delete the following members: Alexandra Torres, Sugey Restituyo, and Juan Carlos Parra. by The Managing Members shall add to Luis A. Morales.

Article VI - Federal Employer Identification Number: The new Federal employer identification number shall be: 02 - 0680390.

Dated _March 31, 2003

Signature of a member or authorized representative of a member

Luis A. Morales Typed or printed name of signer H03000097483 9

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

SHOP ITALIQUE, LLC

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

FERNANDO SILVA Registered Agent