

204000045954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

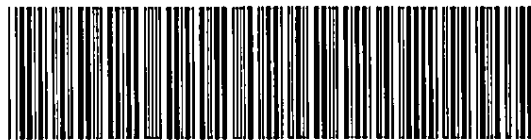
(Business Entity Name)

(Document Number)

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J. HARRIS

NOV 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHDES FOR CREWS, 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:

DEAN NGD: V. President of Human Resources & Legal Affairs
Name of Person

SHDES FOR CREWS, LLC
Firm/Company

250 S AUSTRALIAN AVENUE, SUITE P1
Address

WEST PALM BEACH, FL 33411
City/State and Zip Code

DEANN@SHDESFORCREWS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADIA DEAYTON at (561) 683 5090 EXT 5871
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHOES FOR CREWS, 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 JUNE 18, 2004 and assigned Florida document number LO4000045954

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>STUART JENKINS</u>	<u>250 S Australian Avenue</u>	<input type="checkbox"/> Add
		<u>Suite P1 ; West Palm Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FLORIDA 33401</u>	<input type="checkbox"/> Change
<u>VICE PRES / TREASURER</u>	<u>MELISSA LINTON</u>	<u>250 S Australian Avenue</u>	<input type="checkbox"/> Add
		<u>Suite P1 ; West Palm Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FLORIDA 33401</u>	<input type="checkbox"/> Change
<u>SECRETARY</u>	<u>MONICA L. JOHNSON</u>	<u>250 S Australian Avenue</u>	<input type="checkbox"/> Add
		<u>Suite P1 ; West Palm Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FLORIDA 33401</u>	<input type="checkbox"/> Change
<u>PRES</u>	<u>DONALD WATROS</u>	<u>250 S Australian Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite P1 ; West Palm Beach</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 33401</u>	<input type="checkbox"/> Change
<u>VICE PRES.</u>	<u>JOHN DeFALLO</u>	<u>250 S Australian Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite P1 ; West Palm Beach</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 33401</u>	<input type="checkbox"/> Change
<u>TREASURER</u>	<u>KEITH PARSONS</u>	<u>250 S Australian Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite P1 ; West Palm</u>	<input type="checkbox"/> Remove
		<u>Beach, FLORIDA 33401</u>	<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
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<u>SECRET.</u>	<u>DEAN NGSD</u>	<u>250 S Australian Avenue</u>	<input checked="" type="checkbox"/> Add
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		<u>Suite 12 West Palm Beach</u>	<input type="checkbox"/> Remove
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		<u>Florida 33401</u>	<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

RKZ Signature of _____

Signature of a member or authorized representative of a member

DEAN NSD : VICE PRESIDENT OF HUMAN RESOURCES & LEGAL AFFAIRS
Typed or printed name of signee