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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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EXAMINER



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. COVER LETTER

TO: Registration Division of	Section Corporations		3
SUBJECT:	Rebecca Me Name of Lim	ited Liability Company	TZ MM - 2 MM 88 00
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	7. 6. O.
Please return all corre	espondence concerning this matter	r to the following:	•
	Uni	Name of Person	
	Rebocco	Mintell LLC Firm/Company	•
	404 80	Gerand Alence Address	
	Ueorw	City/State and Zip Code	
		to be used for future annual report notifica	tion)
For further information	n concerning this matter, please of	call:	•
Nan	ne of Person	at () Area Code & Daytime T	elephone Number
Enclosed is a check for	or 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/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rebecca	Minkoff CLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number 1040000	bility Company were filed on August 23 2004 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Type of Action <u>Name</u> **Address** NGRU Add Remove ☐ Add Remove ☐ Add Remove ∏A₫d Remove Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Signature of a member or authorized representative of a member Minkoff Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00