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EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	4		
FILING COVER : ACCT. #FCA-14	SHEET		,		
CONTACT:	TRICIA TA	<u>DLOCK</u>			
DATE:	6/14/2012				
REF.#:	<u>001495.168195</u>				
CORP. NAME:	REBECCA	MINKOFF, LLC			
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF O () OTHER:	CATION	(XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MAR () LIMITED PARTNERSHIP () MERGER		BILITY	
		TH CHECK# <u>54477</u> CCOUNT IF TO BE DEB COST		FILED 12 JUNI 14 MIII: 17 SEUBLIANO DI STATE TALLAHASSEE, FLORIDA	
PLEASE RETU	RN:				
(XX) CERTIFIED C	ОРУ	() CERTIFICATE OF GOOD	STANDING	() PLAIN STAMPED COPY	

Examiner's Initials

() CERTIFICATE OF STATUS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kebecca Mi	Nott, LC Liability Codingny as it not Plorida Limited Liability Co	r appears on our recertis,) mpany)	•		
The Articles of Organization for this Limited Li. Florida document number <u>LO400065</u>	'	on <u>August 23,200</u>	4 and assigned		
This amendment is submitted to amend the following	wing;		·		
A. If amending name, enter the new name of	the limited liability comm	any here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabilit	y Company," the designation "I	F _{co}		
Enter new principal offices address, if applic	able:		2 J		
(Principal office address MUST BE A STREE	TADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		·			
		·	<u>Est_</u>		
B. If amonding the registered agent and/ registered agent and/or the new registered of		ess on our records, enter	the name of the new		
Name of New Registered Agent:	United Corporate S	ervices Inc.			
New Registered Office Address:	New Registered Office Address: 9200 South Dadeland Blvd., Suite 508				
	1.	Enter Florida street ad	dress		
	Miami	, Florida	331 <u>56</u>		
,	Ctty		Zip Code		

New Registered Ascat's Shenature, if changing Registered Ascat:

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.

Milled H. Bown Pressource

Page 1 of 2

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	Name	Address	Type of Action			
ngrm	David Minkoff	700 North Osceloa Gearwater FL 33755	Add Namove			
<u>NGRH</u>	WinKoff Holdings	404 Edgewood Avenue Clearwater LFL 23755	Add Remove			
NGRM	Rebecca Minkoff	404 Edgewood Nemue Clearwheer, FL 83755	Add Refinove			
<u>Iygrm</u>	Yenuda LP	404 Edge wood Avenue Charmateri EL 33755	Add Rentove			
<u>M&RIM</u>	Uri Minkoff	404 Edgewood Avenue Comproter EL 33755	Add Remove			
<u>YGRM</u>	Rebecca Minkoff Holding Company LLC	33 West 17th street, 6to F New York, NY 10011	L DAdd Remove			
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)				
			12 JUN 14 AP			
Dated	14/200		AM II: 17			
	Signature of a member	r or authorized representative of a member	17 10A			
	Uri Hinkoff	or printed name of signes				
	19900	Page 2 of 2				
Filing Fee: \$25.00						