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EXAMINER



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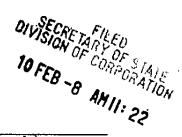
COVER LETTER

Registration Section

TO:

Division	of Corporations						
SUBJECT:	INDUSTRY APPAREL, LLC						
	Name of Limited Liability Company						
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.						
Please return all c	prrespondence concerning this matter to the following:						
	Reesa Schwartz Greenstein, Esq. Name of Person						
	Name of Person						
	Lidsky, Vaccaro, Montes & Martine, P.A.						
	Firm/Company						
	145 East 49th Street						
	Address						
•	Hialeah, Florida 33013						
, '	City/State and Zip Code						
••	Reesa@lidskylaw.com E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning this matter, please call:						
	Schwartz Greenstein, Esq. at (305) 822-2100						
]	Name of Person Area Code & Daytime Telephone Number						
Enclosed is a chec	k for the following amount:						
▼ \$25.00 Filing I	Tee \$\int_\$\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$60.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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



(Name of the Limited) (A	USTRY AF Liability Compar Florida Limited L	PAREL, LLC y as it now appears iability Company)	on our records.		
The Articles of Organization for this Limited Lia Florida document number		were filed on	10-04-2006	and assigned	
This amendment is submitted to amend the followard. A. If amending name, enter the new name of	J	lity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19015 C. Biscayne Blvd.			
		Aventura, Florida 33180			
Enter new mailing address, if applicable:		19015 C. Bisca	ayne Blvd.		
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, Florida 33180			
B. If amending the registered agent and/or registered agent and/or the new registered offi			er records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Reesa Schwartz Greenstein, Esq.				
New Registered Office Address:					
Enter Florida street address					
		Hialeah , Flori		33013	
		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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address thereby 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove Remove ☐ Add Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the address of both Managers of the LLC to: 19015 C. Biscayne Blvd. Aventura, Florida 33180 February 3 2010 Dated ___ Signature of a member or authorized representative of a member Alyssa Port Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00