0800036719

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S. HAWKES NOV 7 2008

EXAMINER

COVER LETTER

Division of Co	orporations			
SURIFCT: Appare	el Design Group, LL0			
	(Name of Lim	ited Liability Company)		
		,		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jose B	ASTERRECHEA (Name of Person)		
		(Name of Person)		Con Tax
		(Firm/Company)		Grant Com-
	14459 5	(Address)		
				, www.
	Miami.	FIA. 33186 (City/State and Zip Code)		
		(City/State and Zip Code)		
For further information	concerning this matter, please c	all:		
• 1				
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)	
,				
Enclosed is a check for	the following amount:			
2 \$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 enc	

TO: Registration Section

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

APPAREL DESIGN GROUP, 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 HPRIL 11 2000 and assigned
Florida document number L 08000036719	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company;" the designation."LLC" or the abbreviation was also
Enter new principal offices address, if applicable:	Section Branch Constant
(Principal office address MUST BE A STREET ADDRESS)	the first transfer of
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 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 Name Address **Type of Action** JORGE PEREZ M GRM N.W.59 St. ☐ Add Remove Add Remove 1.5.20.51 Remove **□** Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 1 2008 Signature of a member or authorized representative of a member LEIVA CARLOS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00