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MAY 22 2008

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LEFRANG UNIFORMS 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:				
MARTHA LA ROAES PADA (Name of Person) LEFRANO LINIFORMS II C.				
(Firm/Company)				
52DNW 5th St (Address)				
MIAMI FL 33126 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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

~ LEFRANG UNIFOR	MS LIC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \bullet 08000 \pm 48423 \end{align*}	were filed on $\frac{5}{14}$ $\frac{2008}{2008}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A A A S S
(Principal office address MUST BE A STREET ADDRESS)	AND AND MARKET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AH 10: 47 SEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	NA A
New Registered Office Address:	(Enter Florida street address)
	, Florida
	· •

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 jability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	MARTHATLARGAESPADA	5210 N.W 5th st MIAMI FL: 33126	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necess	OS HAY 21 AH IO: 47
			FITATE OF THE
Dated	5/16/08.	 L	
-		authorized representative of a member MARTHA T LARR ARRIVAL printed name of signee	A.

Page 2 of 2

Filing Fee: \$25.00