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TO:

Registration Section

Div	ision of Cor	porations		
SHRIFCT		FASHIONS, LLC		
SOBJECT			ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Matthew J. Militzok, Esq.		
			Name of Person	
		Militzok & Levy, P.A.		
Firm/Company 3230 Stirling Road				
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		mjm@mllawfl.com		
		E-mail address: (to be used for future annual report not	iffication)
For further in	nformation co	oncerning this matter, please ca	all:	
Matthew J. I	Militzok		954 727-8570 at ()	
	Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	iling 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

FILED 2015 OCT 28 PM 12: 19

m. Rapp

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LEA INVESTMENTS LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	· · · -
The Articles of Organization for this Limited Liability	y Company were filed on 02/25/2009	and assigned
Florida document number L09000018993	 '	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		4 41
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	enter the name of the
Name of New Registered Agent:		
No. Designated Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MIZRACHI, ISAAC YIZHAQ	7860 NW 19 CT	
		PEMBROKE PINES, FL 33024	■ Remove
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(If an eff	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/3/2015
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00