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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor				
SURJE	BESPOKE BRANDS, LLC				
SO Bal			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Name of Person		
	JOEL MARCUS, CPA				
			Firm/Company		
		676 V	VEST PROSPECT ROA	AD.	
			Address	10018478	
		F T I	AUDERDALE, FL 3330	na	
			City/State and Zip Code		
	•	JMAR	CUSCPA@YAHOO.CC	DM	
		E-mail address: (t	to be used for future annual report	notification)	
For fur	ther information of	concerning this matter, please c	call:		
	;	HAZEL	at (_954_)	566-8513	
	Name o	of Person	Area Code & Da	aytime Telephone Number	
Enclos	ed is a check for t	the following amount:			
₽ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	Registration S Division of C Clifton Buildi	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESPOKE BRANDS, LLC						
(Name of the Limited) (A	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)				
`						
The Articles of Organization for this Limited Lia	ability Company were filed on	04/27/2009	and assigned			
Florida document number L09000040	403					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability company here	⊵:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>					
B. If amending the registered agent and/or the new registered of	_	our records, <u>enter t</u>	he name of the new			
		TAL	SE 72			
Name of New Registered Agent:			S S T			
New Registered Office Address:	En.	ter Florida street add	Pers F			
		, Florida	TO BOY			
	City		Sap Code			
New Registered Agent's Signature, if changing F	Registered Agent:		DW W			

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 <u>Name</u> **Address** Type of Action MGRM: JEAN HENRI THEUVENIN 8831 SW 142ND AVE, # 19-31 ✓ Add MIAMI, FLORIDA 33186 Remove Remove Add Remove _ Remove __Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member JOHN DEVONPORT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00