L10 000 112474

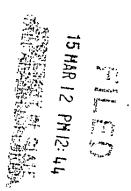
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1. CENTURES MAR 3 0 2015

COVER LETTER

TO: Registration Sec Division of Corp			
KEMACH	IINA LLC		
SUBJECT:	Name of Limi	ited Liability Company	
		t .	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KEVIN KOSKI		
		Name of Person	
	KEMACHINALLC		
		Firm/Company	
	1150 COLLINS AVE	E #406	
		Address	
	MIAMI BEACH, FL 3	33139	
	*** *** **** **** **** **** **** **** ****	City/State and Zip Code	
	KEMACHINA@GMA		
	E-mail address: (f	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
KEVIN KOSKI		786 973-0172	
Name of	Person		Telephone Number
Enclosed is a check for the	e following amount:		
□ \$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 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

KEMACHINA, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L10000112474</u>	ny were filed on 10/27/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
IMPULSE HOUSE OF FASHION, LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the n
Name of New Registered Agent:		5
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	N marrie
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	
hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent accept the definition of the registered officers and the registered officers.	 gree to act in this capacity. I further a te performance of my duties, and I an s provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			☐ Add
			□ Remove
			Remover
		A-1-1970 - Barrer - A-1-1970 -	2 PH 7 PH 2:1
			And or
			□ Remove
***			Aut
			□ Remove

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· · · · · · · · · · · · · · · · · · ·	n, enter change(s) here: (Attach additional sheets, i	y necessary.y
Effective date, if other than the da he effective date must be specific, cannot b the date this document is filed by the Florid	e prior to date of receipt or filed date and cannot be more than 90	(optional) days after
Dated 10 MARCH	2015	
KmI		
Sig	nature of a member or authorized representative of a member	
KEVIN KOSKI		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

