L14000008836

Florida Department of State

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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MUM CHLOTHING LLC

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H14000287416

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MUM CLOTHING 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 01/21/2011 and assigned Florida document number L11000008236.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida *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

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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
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	IVANIER, JORI	BARREIRO 3219 # 302 MONTEVIDEO URUGUAY, 11200	☐ Add ☒ Remove
MGRM	FERNANDEZ CABAÑAS, CARLOS M	2401 NW 93 AVE DORAL, FL. 33172	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

H140002874163.

... other information, ...

DELETE: IVANIER, URI MGRM

ADD: MGRM - FERNANDEZ CABANAS, CARLOS M

2401 NW 93 AVE

DORAL, FL 33172

Effective date, if other than the date of filing: ______________ (optional)

[illegible] ... cannot be prior to date of receipt or filed date and ... not ... than 90 days after ... filed by the Florida Department of State

12/12/14

X ______________ (signature)

Signature of a director or authorized representative, ... member

URI IVANIER

Typed or printed name of signee

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