L11110011862

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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FALL AHARSEE FLORIDA

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COVER LETTER

| Division of Co | | | |
|-----------------------------|---|---|--|
| SUBJECT: GIRA | AFFAS MIDTO | WN, LLC | |
| SUBJECT: | | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Rodney Qui | nn Smith | |
| | | Name of Person | 11.00 P. (1.00 P. (1. |
| | Gomm & Sn | nith BA | |
| | | Firm/Company | |
| | 175 S.W. 7t | h Street, Suite 2 | 110 |
| | | Address | , 2 |
| | Miami, Florid | da 33130 | 7 %883 %883 |
| | | City/State and Zip Code | |
| | quinn.smith@gom | | 100 <u>110</u> |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notifi all: | cation) |
| Rodney Qu | | _{at (} 305 ₎ 856-7 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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) |
| | IVC ADDDESS. | STDPPT/COUDIN | ED ADDDESS. |

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| y Company as it now appears on o | ur records.) |
|--|--|
| ompany were filed on 02/10 | |
| | |
| ted liability company here: | |
| | |
| ited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
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| ered office address on our ress here: | records, enter the name of the |
| | |
| | |
| Enter Florida str | vet address |
| | ted liability company here: ited Liability Company," the design N/A ESS) N/A ered office address on our |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|----------------------------|----------------------|----------------|
| MGRM | GIRAFFAS USA HOLDING, INC. | 1444 Biscayne Blvd | □ Add |
| | | Suite 216 | ■ Remove |
| | | Miami, Florida 33132 | |
| MGRM | GIRAINVEST USA, LLC | 1444 Biscayne Blvd | ■ Add |
| | | Suite 216 | □ Remove |
| | | Miami, Florida 33132 | 2814 301 |
| | | | Add C |
| | | | - |
| | | (1) (1) (2) | Remove. |
| - The Principal Address of the State of the | | | □ Add |
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| - | THE STATE OF THE S |
| · | |
| (The eff | ive date, if other than the date of filing: N/A (optional) |
| Dated | June 24 2014 |
| | Signature of a member or authorized representative of a member |
| | Rodney Quinn Smith |
| | Typed or printed name of signce |

Page 3 of 3

Filing Fee: \$25.00