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### COHEN ● KOTLER

# Attorneys at Law

Established 1984

54 SW Boca Raton Boulevard • Boca Raton, Florida 33432 • Phone : 561-361-9600 • Fax: 561-361-9770 E-Mail: <a href="mailto:mkotler@cohenkotler.com">mkotler@cohenkotler.com</a> Web: <a href="mailto:www.CohenKotler.com">www.CohenKotler.com</a>

Edward B. Cohen • David C. Kotler • Michael I. Kotler\*

\*Also admitted in District of Columbia and Pennsylvania

February 24, 2017

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

Re: Dahan - LB Worth Avenue Restructure (2017)

Our File No: 36-946-46

Dear Sir/Mam:

Enclosed please find our law firm's check in the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,

Michael I. Kotler

Encl. MIK/jk

## **COVER LETTER**

	gistration Sec vision of Corp				
SUBJECT:	Les Bijoux	Worth Avenue LLC			
·	Name of Limited Liability Company				
		Amendment and fee(s) are sub	-		
Please return	n all correspor	ndence concerning this matter	to the following:		
		Michael I. Kotler, Esquire			
			Name of Person		
		Cohen Kotler, P.A.			
			Firm/Company		
		54 SW Boca Raton Boulev	vard		
			Address		
•		Boca Raton, Florida 33432	2		田雪
		simon@lesbijoux.com	City/State and Zip Code		TEB 27 M 9: 47
		<del>-</del>	to be used for future annual report notif	ication)	3 2
For further i	nformation co	oncerning this matter, please ca	all:		g. F.
Michael I. I	Kotler		561 361-9600 at ( )		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
<b>■</b> \$25.00 I	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 Sta Certified Copy (additional copy is en	itus &

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

Les Bijoux Worth Avenue LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp.  Florida document number L11000051441	pany were filed on 5-2-1011	and assigned
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 contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	FE 27
,		3
Enter new mailing address, if applicable:		المراجع
(Mailing address MAY BE A POST OFFICE BOX)		
• • • • • • • • • • • • • • • • • • • •		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
THE REGISTER OFFICE AND A CONTROL OF THE PROPERTY OF THE PROPE	Enter Florida street address	
	, Florida	
	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>	Name	Address	Type of Action
MGR	Eduard Kinigopoulo	16051 Collins Avenue, #2603	
		Sunny Isles Beach, FL 33160	□ Remove
		<del></del>	Change
<del></del>			□ Add
		<del></del>	□ Remove
			□ Change
	·		□ Add
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ffective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the app	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 elicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's recor	rds.
e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
Pated February 20 2017	
Gregory Osph So	•
	uthorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00