(Reque	stor's Name)	
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(City/Sta	ate/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
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EXAMINER

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COVER LETTER

Division of Co	rporations		
SUBJECT:	Calzados	Prestigio CA LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Maria Francis Lopez	
		Name of Person	
		Lugano Group	
		Firm/Company	
	2333	Brickell Avenue, Suite D1	
		Address	
		Miami, FL, 33129	
		City/State and Zip Code	
	Vir	nato65@hotmail.com to be used for future annual report notific	notion)
			zation)
For further information	concerning this matter, please c	all:	
	Tony Vitale	ar (5024458
Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	the 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:

TO:

Registration Section

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

Calzados Presi	igio CA LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)			
,	7 7 77				
The Articles of Organization for this Limited Liability Company	were filed on	July 12-2011	ar	ıd assig	ned
Florida document numberL11000080052					
	•				
This amendment is submitted to amend the following:					
A If a manding many and an about a many and a fall but a 111-121					
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :			
The second of th	121111			· · · · · ·	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	my," the designation "	LLC" of	r the abl	previation
Friday and a state of the state					
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 offi registered agent and/or the new registered office address here		our records, enter	the na	me of	the new
registered agent and/or the new registered office address here	•				
Name of New Registered Agent:					
Name of New Registered Agein.			Till de	10.00	
New Registered Office Address:			• 500	쏡	es2347
	Ent	ter Florida street add	iress	N)	Participates.
		, Florida		<u> </u>	d comman
	City		Zip	Caile	1 a 8
New Registered Agent's Signature, if changing Registered Agent:			A COL	<u></u>	The same
			開	မ	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	e to act in this ca ete performance	pacity. I further ag	ree to c am fam	comply siliar w	with
accept the obligations of my position as registered agent as pr	ovided for in Ch	apter 608, F.S. Or,	if this	docum	
being filed to merely reflect a change in the registered office a	iddress, I hereby	confirm that the lin	nited li	ability	

company has been notified in writing of this change.

MGR = M MGRM =	anager Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR_	Tony Vitale	2333 Brickell Avenue Suite D1 Miami, FL, 33129	Remove
			□ n
			Remove
			Add Remove
			-
). If amer	nding any other information, ente	er change(s) here: (Attach additional sheets, if no	ecessary.)
_			
	September 26	2011	
Dated	September 20	for Francis Local	

Page 2 of 2

Filing Fee: \$25.00