L11000095147

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Bushless Ellity Name)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Sect Division of Corp		*		·	
SUBJE	CCT:	The Emporiu	m Companies, LL0	_		
		Name of Limit	ed Liability Company			
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			Jorge Hammal	<u> </u>		
			Name of Person			
The Emporium Companies, LLC						
			Firm/Company			
	9642 SW 162 Path					
			Address			
Miami, FL 33196						
-			City/State and Zip Code			
•	i	info@De E-mail address: (t	signerShoesEmporiu	m.com ort notification	n)	
For fur	ther information co	ncerning this matter, please c	all:			
	Jorg	ge Hammal	at (786)	592	-0926	
	Name of	Person		Daytime Tele	phone Number	
Enclos	ed is a check for the	following amount:				
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	[nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	sed)

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

The Emporium Co	mpanies, LL	C	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL11000095147	ere filed on	08/18/2011	and assigned
Torida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here	:	
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Compan	y," the designation	"LLC" or the abbreviation
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 registered agent and/or the new registered office address here:		ır records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			AS TO
New Registered Office Address:	<u> </u>	T1 +1 .4 .	AGE T
	Ente	er Florida street ac . Florida	daress & C
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			INTE DRIDA

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

MGR = Manager MGRM = Managing Member

10

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hammal, Antoine	9642 SW 162 Path Miami, FL 33196	☐ Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary	<i>).)</i>
			
— —	06/30	2012	
Dated	Inte	2012 member of a member	
		Antoine Hammal	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00