L11000107829

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SEUNCTARY OF STATE FALLAHASSEE, FLORID

דורבט

T. HAMPTON

OCT 1 8 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations			
SUBJECT:	Ulta F	Pier USA LLC		
		sited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Teresa McNally			
		Name of Person		
	Attorne	eys Corporation Service, Inc.		
		Firm/Company		
	,,	Address		
	(Commerce, CA 90040		
		City/State and Zip Code		
teresa(@attorneyscorpservice.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please		itory	
	Teresa	at (800) 462-	5487, x115	
Name of Person		Area Code & Daytime T		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS.		CTDEFT/COUDING	A DDDECC.	

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

FILED 2011 OCT 12 AMII: 40

Zip Code

SECRETARY OF STATE ALLAHASSEE, FLORIDA Ulta Pier USA LLC (Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) 9/21/11 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L11000107829 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ultra Pier USA LLC 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 . Florida

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 <u>Title</u> Name Address Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 5 2011 Dated Signature of a member or authorized representative of a member Teresa L. McNally Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00