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SECRETARY OF STATE
TALLAHASSEE: FLORIDA

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Luxury	Apparel, LLC			
		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Erick Magno				
		Name of Person			
		Erick Magno, P.L.			
		Firm/Company			
	1401	1401 Brickell Avenue, Suite 520			
		Address			
	:	Miami El 20121			
		Miami, FL 33131 City/State and Zip Code			
	Fm	· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (agno@magnolaw.com to be used for future annual report notif	ication)		
For further information	concerning this matter, please of	eall:			
Ste	eve Rosenthal	at (_786_)	536-4653		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	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)		
		CONTRACTOR OF THE	ED ADDRECC		

MAILING ADDRESS:

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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

	_uxury Apparel, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on	Sept. 23, 2011	and assigned
Florida document numberL110001088	<u>81</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the nev
			
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	nter Florida street addr	ess	
	City	, Florida	Zip Code
	Cuy		Lip Couc

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.

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 Title Name 1 **Address** Type of Action MGRM INTEGRA SOLUTIONS,LL 2828 Coral Way, Suite 303 Coral Gables, FL 33145 ☐ Add Remove MGRM MARIA CAROLINA MELO 62 Bay Heights Drive ✓ Add Remove Miami, FL 33133 ☐ Add ☐ Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 7 Dated ature of a member or authorized representative of a member Maria Carolina Melo Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00