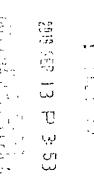


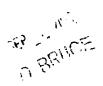
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| PICK-UP | (Business Entity Name (Document Number) | MAIL |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|--|---|--|
| CUD ICCT. | GIRAFFAS USA, L | LC | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| | Amendment and fee(s) are sub | _ | ÷ |
| | | QUINN SMITH | |
| | | Name of Person | <u> </u> |
| | | GST LLP | |
| | | Firm/Company | |
| | 17 | 5 SW 7th Street, Suite 2110 | |
| | | Address | |
| | | Miami, FL 33130 | |
| | | City/State and Zip Code | |
| | E-mail address: (| quinn.smith@gstllp.com to be used for future annual report notif | آزی آ(cation) |
| For further information of | oncerning this matter, please c | all: | ه ده المعالف المري |
| Quinn Smith | | 305 856 7723 | |
| Name o | f Person | | e Telephone Number |
| Enclosed is a check for the | ne 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) |
| Registr | ING ADDRESS: ration Section on of Corporations | STREET/COURI Registration Section Division of Corpora | n |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GIRAFFAS USA, L (Name of the Limited Liability Compa (A Florida Limited | LC any as it now appears on our records.) Liability Company) | | | | |
|---|--|---|----------------|-----------|--|
| The Articles of Organization for this Limited Liability Company Florida document number L12000009897 | were filed on | <u></u> | and ass | igned | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company " the designation "I I C" or | the abbrevi | ation "I | 1.0" | |
| Enter new principal offices address, if applicable: 201 SOUTH BISCAYNE BLVD | | | | | |
| Principal office address MUST BE A STREET ADDRESS) | SUITE 1200, ROOM 02 | y design was pick pick team | 7 N.39 | | |
| Tricipal Office dudits MOST DE ASTREET ADDRESS | MIAMI, FL 33131 | , | - | | |
| | | <u> </u> | ·1) | · | |
| Inter new mailing address, if applicable: | 201 SOUTH BISCAYNE BLVD | , | ũ | r Fynt | |
| Mailing address MAY BE A POST OFFICE BOX) | SUITE 1200, ROOM 02, MIAMI, | FL 33131 | U | , m 40.4 | |
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| If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | nter the | name | of the | |
| | · | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| 1200 | , Florid | | | | |
| | City | Z | ip 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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|---|----------------|
| MGR | DIAS RIBEIRO, MARIJONE | 201 SOUTH BISCAYNE BLVD | |
| | | SUITE 1200, ROOM 02 | □ Remove |
| | | MIAMI, FL 33131 | Change |
| CFO | BARBOSA, JOAO | 1444 BISCAYNE BLVD | □ Add |
| | | SUITE 216 | ■ Remove |
| | | MIAMI, FL 33132 | □ Change |
| AR | OLIVEIRA, ANA PAULA | 201 SOUTH BISCAYNE BLVD | □ Add |
| | | SUITE 1200, ROOM 02 | □ Remove |
| | | MIAMI, FL 33131 | ☐ Change |
| | | | Add |
| | | | □ Remove |
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| | | *************************************** | Remove |
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| ffective date, i an effective date is | fother than the listed, the date m | ne date of fi nust be specific | iling: and cannot be | prior to date of | filing or more th | opt an 90 days afte | ional) er filing.) Pur | suant to 60 |)5.02 |
| ote: If the date ocument's effect | inserted in this | block does n | ot meet the a | pplicable stat | utory filing rec | uirements, th | is date will | not be lis | sted |
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Filing Fee: \$25.00