

L120000009897

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SEP 13 2016  
A BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GIRAFFAS USA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

QUINN SMITH

Name of Person

GST LLP

Firm/Company

175 SW 7th Street, Suite 2110

Address

Miami, FL 33130

City/State and Zip Code

quinn.smith@gstllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Quinn Smith

305

856 7723

at ( )

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)

### 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**

GIRAFFAS USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/31/2009 and assigned Florida document number L12000009897.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain 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)

201 SOUTH BISCAYNE BLVD

SUITE 1200 , ROOM 02

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 SOUTH BISCAYNE BLVD

SUITE 1200, ROOM 02 , MIAMI, FL 33131

**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

*City*

*Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIAS RIBEIRO,MARIJONE	201 SOUTH BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1200, ROOM 02	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
CFO	BARBOSA, JOAO	1444 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 216	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
AR	OLIVEIRA, ANA PAULA	201 SOUTH BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 1200, ROOM 02	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2011 SEP 13 PM 5:51  
HILLARY CLINTON

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Quinn Smith, as authorized agent  
Typed or printed name of signee