L12000034336

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SECRETARY OF STATE FALLAHASSEE, FEORIDA

15 PH12: 17

COVER LETTER

TO:	Registration Section Division of Corporation	ns	•	er en	and the same of th					
SHRIE	Be Proud Investment Firm LLC									
30031	Name of Limited Liability Company									
The end	closed Articles of Amendi	ment and fee(s) are sub	mitted for filing	<u>.</u>						
Please	return all correspondence	concerning this matter	to the following	3;		,				
			Jean R. De	mesmin						
			Name of P	erson	-					
			Firm/Com	pany						
	6204 Tremayne Dr.									
			Addres	s						
		M	ount Dora, I							
			City/State and	-						
		rde E-mail address: (t	mesmin@y o be used for futu	ahoo.com re annual report notific	cation)					
For fur	ther information concerning									
	Jean R. De	mesmin	at (_40		318-0598					
	Name of Person			Area Code & Daytime	Telephone Number					
Enclose	ed is a check for the follow	ving amount:								
√ \$25	.00 Filing Fee \$30	0.00 Filing Fee & Certificate of Status	\$55.00 Fil Certified (addition		Certified	e of Status &				

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 12 MAR 15 PM 12: 17

Be Proud (Name of the Limited Liabili	Investment Firm L		SEE, FEORIDA		
(A Florid	a Limited Liability Company)		· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability	Company were filed on	03-12-2012	and assigned		
Florida document numberL12000034336	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	e <u>re</u> :			
•					
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:			· .		
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
•					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		our records, enter	the name of the nev		
registered agent and/or the new registered office at	duress nere.				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
<u> </u>		, 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 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:

⁴ MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** MGRM Be Proud Fashions LLC 6204 Tremayne Dr ☐ Add Mount Dora, FL 32757 √ Remove MGRM Jean R. Demesmin 6204 Tremayne Dr Mount Dora, FL 32757 Remove ☐ Add Remove Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Original filing was made in error. Jean R. Demesmin, individually, is the MGRM March 12 Dated Signature of a member of authorized representative of a member Jean R. Demeamin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00