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SECRETARY OF STATE
ALL ANASSEZ, FLORID

B. BOSTICK

JUN - 6 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Cor						
SUBJECT:	Moda Fash Name of Limit	ion Investmented Liability Company	nt, LIC			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Morth B	Name of Person Name of Person Name of Person Name of Person Person) ALI	12	
	E-mail address: (t	terprises equal to be used for future annual report notific	cation)			9.
For further information of	concerning this matter, please c	all:		385 325 325 325 325 325 325 325 325 325 32	<u>t</u>	7. 2.
<u>Carmir</u> Name o	re Salvati	at (786 972_ Area Code & Daytime	7008. Telephone Number	E. FLURIDA	12 JUN -4 AM 10: 37	
Enclosed is a check for t	he 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 Filin Certificate	of Status	&	•

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moda Fashi	on Investment, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 12000 6885	apany were filed on 05 20 20 12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
Same	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A E = =
(Principal office address MUST BE A STREET ADDRES	<u>so</u>
Trademontor Direct Advantage 18 11	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- N D D D D D D D D D D D D D D D D D D
thanng datess MAT BEAT OST OFFICE BOA	
registered agent and/or the new registered office addres	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	- Wa
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	·
the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent being filed to merely reflect a change in the registered accompany has been notified in writing of this change.	N/A.
J	f 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>	<u>Name</u>	Address	Type of Action		
- 			Add Remove		
	_		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
,			Add Remove		
D. If a	mending any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	sary.)		
	Manager/MGe Carmine Salu	Name. vati: For	12 JUN -L		
		lvati Sr.	AH 10: 37		
Dated _	130184	nber or authorized representative of a member	I. 7		
	- Carmi	ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00