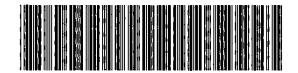
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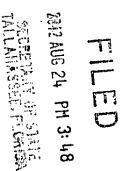
(Requ	iestor's Name)	
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(City/s	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer:	
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J. BRYAN

AUG 27 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ERGE FOOTWEAR 6 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Armando Noda Name of Person ERGE FOOTWEAR 6 LLC Firm/Company
ERGE FOOTWEAK 6 LC :
2247 NW 17th Avenue
Mich mi FL. 33142
City/State and Zip Code Comando O ergeneration. Com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Hrmando Moda at 305, 635-9393 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ S55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$ (additional copy is enclosed)

1

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

ERGE F	COOTWEAR	6 LLC
(Name of the Limited Li (A Fl	ability Company as it now appear orida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabs		7/03/2012 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company her	<u>'e</u> :
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		24 [
Enter new mailing address, if applicable:		— H
(Mailing address MAY BE A POST OFFICE BO	<u></u>	3 0
	#15 · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
registered agent and/of the new registered one	o data cos neso.	
Name of New Registered Agent:	Roberto 1	-eon
New Registered Office Address:	E _v .	nter Florida street address
	Enter Florida street address	
	City	, Florida Zip Code
	Cuy	Zip Coue

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. Thereby 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:

~1

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title **Name** Eladio Castellano Roberto Leon ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member eon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00