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On the state of th	0-46-4-	-101
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2016 MAR -3 P 2:

MAR 0 4 2016 J. BRUCH

## **COVER LETTER**

TO:	Registration Se Division of Cor	porations				
SUBJ	ECT:	PASHION CLI	maxx 2			
		Name of Lim	ited Liability Company	in Are		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		ALDO	Name of Person			
		- FAShi	Name of Person  On Clinax 2  Firm/Company			
		1220	y 0W 13157 Av Address	<u></u>		
		MIAn	dity/State and Zip Code			
		E-mail address: (	to be used for future annual report notif	ication)		
For fu	rther information co	oncerning this matter, please ca		SECT ALLA	2016 HAR	-
	ALDO M	o NACE Y	at (305) Coo	Telephone Number		<u>.</u>
			24,1	E E	יי די	コラ
Enclos	sed is a check for th	e following amount:		X 2	<i>?</i> ;	
□ <b>\$</b> 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

PAShion Climax) (Name of the Limited Liability Compa	x 2
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>レルロののサラスとフ</u>	were filed on $\frac{7/27/12}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
FAShion Climaxx LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1220 \$ 5W 1315 ALL MIDMI, FC 33186
(Principal office address MUST BE A STREET ADDRESS)	MIMMI, FL 33186
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	
Name of New Registered Agent:	MAR - 3 RETARY AHASSE
New Registered Office Address:	Enter Florida street address
	City 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective d	ate is listed, the date must be s	specific and cannot be prior to da does not meet the applicable	ate of filing or more than 90	days after filing.)	Pursuant to 605.02
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