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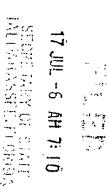
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | LUXURY SV | WISS LLC | t | | | | |
|----------------|----------------------------------|--|--|---------------------------------------|---|--|--|
| SUBJECT. | | Name of Limi | ted Liability Company | | | | |
| | | | | | | | |
| The enclosed | l Articles of A | mendment and fee(s) are subr | nitted for filing. | | | | |
| Please return | all correspond | dence concerning this matter t | to the following: | | | | |
| | | Jeremy Anderson | | | | | |
| | | | Name of Person | | | | |
| | | Luxury Swiss LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 100 N. Wilkes-Barre Blvd. | | | | | |
| | | Address | | | | | |
| | Wilkes-Barre, Pennsylvania 18702 | | | | • | | |
| | City/State and Zip Code | | | | | | |
| | | janders@jewelcor.com | | | | | |
| | | E-mail address: (to | o be used for future annual | report notification) | | | |
| For further in | nformation con | ncerning this matter, please ca | 11: | | | | |
| Joseph Lako | | | at () | 0- 822-6277 ext. 21 Daytime Telephon | 7 | | |
| | Name of F | Person | Area Code | Daytime Telephon | e Number | | |
| Enclosed is a | check for the | following amount: | | | | | |
| | | _ | FT #55 00 PH F 6 |) <u>("</u> ") 4 | 260 00 Eiling Fac | | |
| \$25.00 F | ning Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enc | losed) | 660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

| LUXURY SWISS LLC | | |
|---|---|---------------------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L12000127529</u> . | vere filed on October 5, 2012 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the al | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | the name of the n |
| Name of New Registered Agent: | | 7 |
| New Registered Office Address: | Enter Florida street address | |
| | City, Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | <u> </u> |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | erformance of my duties, and I am covided for in Chapter 605, F.S. Or, | familiar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> | Type of Action |
|--------------|------------------|-----------------------------------|----------------|
| MGRM | Seymour Holtzman | 135 NE 39th Street, Miami, FL. 33 | = Add |
| | , | Address change only | □ Remove |
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| ective date, if other than | the date of filing: | | | (option | al) | |
| ective date, if other than effective date is listed, the date te: If the date inserted in thi | must be specific and ca | nnot be prior to da | te of filing or more | than 90 days after fi | ling.) Pursuant to t late will not be I | 505.02 isted a |
| ument's effective date on th | | | statutory ming re | quirements, since | | .5.54 |
| | | | | | - | |
| record specifies a dela The 90th day after the i | | e, but not an | effective tim | e, at 12:01 a.i | m. on the ear | rlier |
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Typed or printed name of signee

Filing Fee: \$25.00