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COVER LETTER

TO: Registration Section
Division of Corporations

GIRAFFAS INTERNATIONAL DRIVE, LLC

SUBJECT:

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:

Rodney Quinn Smith

Name of Person

Gomm & Smith, P.A.

Firm/Compan;

175 S.W. 7th Street, Suite 2110

Address

Miami, Florida 33130

City/State and Zip Code

quinn.smith@gommsmith.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney Quinn Smith

Name of Person

___ aı (____

305 856-7723

Ar

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

GIRAFFAS INTERNATIONAL DRIVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		31 12/0!	5/2012			1
The Articles of Organization for this Limited L Florida document number L1200015209	Tability Company	were filed on 12700	5.25 (Z	and	assigne	ea -
This amendment is submitted to amend the following						
A. If amending name, enter the new name of	of the limited liab	nility company here:				
N/A	n the milited hat	omey company nere.				
The new name must be distinguishable and end with the	words "Limited Lia	hility Company." the desig	nation "LLC" or the	abbreviatio	n "L.L.C	,
Enter new principal offices address, if applie		N/A			1187	
(Principal office address MUST BE A STREET					į	· !
	<u> </u>			2.5	1	<u>;</u>
			-		聖	*
Enter new mailing address, if applicable:		N/A		# 1 (A	2557	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)				05	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			r records, <u>enter</u>	the nar	ne of	the new
•	N/A					
New Registered Office Address:		Enter Florida s	rect address			
			Florida			
		City	Florida	Zip Ce	ode	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>				
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and ago per and complete istered agent as registered office	ree to act in this capa e performance of my provided for in Chap	duties, and Lam oter 605, F.S. Or	familiar , if this d	with a locume	nd
	If Cha	inging Registered Agent,	Signature of New R	egistered /	\gent	_

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GIRAFFAS USA HOLDING, INC.	1444 Biscayne Blvd	Add
		Suite 216	■ Remove
		Miami, Florida 33132	
MGRM	GIRAINVEST USA, LLC	1444 Biscayne Blvd	Add
		Suite 216	□ Remove
		Miami, Florida 33132	28 III JURIU - 7 remove 05 add
			Remove Add Remove
			Add
			☐ Remove

N/A	itormation, enter change(s) here: (Attach addition	mai sneets, y necessary.
		·
	N/A	
	tan the date of filing: (fic. cannot be prior to date of receipt or filed date and cannot be to the Florida Department of State)	(optional) be more than 90 days after
June 24	2014	_
Zaicu		
	Signature of a member or authorized representative	of a member
Rodney	Signature of a member or authorized representative Quinn Smith	of a member

Page 3 of 3

Filing Fee: \$25.00