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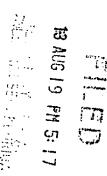
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration Sec Division of Corp			
Libre	avec style LLC		out a see
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subm	litted for filing.	13 AUG 19 PM 5: 17
Please return all correspon	dence concerning this matter to	the following:	Ç,
	ANATALIA	Name of Person	-
	KUB PARTA	JERS I'NC	
		Firm/Company	
	60 BROAL	STREET STE 35 Address	02
	NEW YORK	NY 1000 4 City/State and Zip Code	
		Ne KUBPARTNERS. Co	
For further information co	ncerning this matter, please cal		
ANATALIA Name of	A; A Z	at (<u>646</u>) <u>356</u> . <u>046</u> Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e 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

LIBRE AVEC STYLO		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	
This amendment is submitted to amend the following:		<u>ं</u> कं
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	English Plant	January and the same
	Enter Florid	da street address
		, 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 608, 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 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
MERM	PATUREL	PIERRE	CLO GO BROAD STREET STE 3502 NEW YORK NY 10004	Add Remove
		. -		Add
				Add
				Add Remove
				Add
				Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
Dated	8/15/13
	Signature of a member or authorized representative of a member
	Kurrimboccus SAMIR
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

to AUG 19 PM 5: 17