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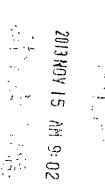
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EXAMILET PRAINSPARTE

NOV 18 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L &V Fashion Swim Wear 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:
Vivian Ravillo Name of Person
Firm/Company R553 NIIF IID DLCC
Address Address
DOROUC FLORICIO 33178 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vivian Rave LO at (786 515 - 8037 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

11/

LVV tashion Swim	wear	LLU		
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our repany)	cord <u>s.</u>)		
The Articles of Organization for this Limited Liability Company were filed of Florida document number 1300613.00	on <u>05/08</u>	2013 and	d assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	ny here:			
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the des	ignation "LLC" or	the abbr	eviation
Enter new principal offices address, if applicable:		<u></u>	20	
(Principal office address MUST BE A STREET ADDRESS)			20 3 KDY	<u> </u>
		··		
		· .	<u>دہ</u>	
Enter new mailing address, if applicable:			垩	
(Mailing address MAY BE A POST OFFICE BOX)		- 1		
		250	\sim	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our record	s, enter the nar	ne of t	<u>he new</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
	, F	lorida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Name <u>Address</u> **Type of Action** eonardo J. W 110 Y LOCE X Add ral Florida 33178 morem Vivian Raulo bral Florida 33178 Remove Remove Remove

Dated 107.2013

Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00