

L13000095639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

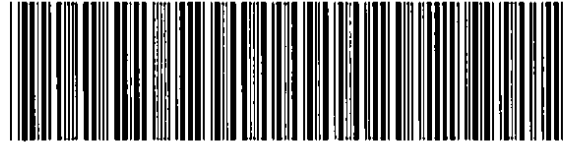
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2022 JAN -4 AM 9:32
TALLAHASSEE, FL
2022 JAN -4 PM 4:00
TALLAHASSEE, FL

Y SULKER
JAN 05 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT : 30.00

Authorized Signature: 

Designer Brands International, LLC L13000095639

Business Name

Document Number

☐ **Certified copy of original articles and any amendments**

☐ **Pick up time** _____

☒ **Certificate of Status**

☐ **Will wait**

NEW FILINGS

☐ **Profit**

☐ **Not for Profit**

☐ **Limited Liability**

☐ **Domestication**

☐ **CONVERSION**

☐ **CORP**

AMMENDMENTS

☒ **Amendment**

☐ **Resignation of R.A.**

Officer/Director

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

OTHER FILINGS

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL ()**

_____ **Country**

REGISTRATION/QUALIFICATIONS

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Declaration**

☐ **Other**

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGNER BRANDS INTERNATIONAL, 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:

OMEIR KHAN

Name of Person

DESIGNER BRANDS INTERNATIONAL, LLC

Firm Company

20906 SHERIDAN STREET

Address

Fort Lauderdale, FL 33332

City/State and Zip Code

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

For further information concerning this matter, please call:

OMEIR KHAN

954

536-1811

at ()

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DESIGNER BRANDS INTERNATIONAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07-05/2013 and assigned
Florida document number LE3000095639

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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

FILED
JUL 11 11-11 AM 9:33
TALLAHASSEE
FLORIDA

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>	<u>Type of Action</u>
MGRM	OMEIR KHAN	20906 SHERIDAN STREET	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	2207021 ONTARIO INC	4515 EBENEZER ROAD SUITE 205	<input type="checkbox"/> Add
		BRAMPTON, ON L6P2K7 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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