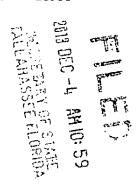
(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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(DC	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FOOTWEAR INT. MARKET 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:

DAIRIS ESTRADA

Name of Person

VARGAS, PIEDRA & CO

Firm/Company

9100 S DADELAND BLVD STE 912

Address

MIAMI, FL 33156

City/State and Zip Code

DAIRIS@VARGASPIEDRA.COM

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

For further information concerning this matter, please call:

DAIRIS ESTRADA

305₆₇₁₋₀₀₀₃

Area Code & Daytime Telephone Number

Name of Person

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

	TINT. MARKE Liability Company Torida Limited Lia	TILLG / as it now appears on our recording to the contract of	<u>'ds.</u>)			
The Articles of Organization for this Limited Lia Florida document number <u>L13000130811</u>						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
N/A						
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16001 COLLINS AVE				
		APT 1604				
		SUNNY ISLES BEACH, FL 33160				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16001 COLLINS AVE APT 1604	HE DE LANGE			
		SUNNY ISLES BEACH , FL 33160 700				
B. If amending the registered agent and/or registered agent and/or the new registered offi			enter the name of the ne			
Name of New Registered Agent:	0100 C DADELAND BLVD STE 013					
New Registered Office Address:						
		Enter Florida street address				
	MIAMI	, Florida 33156				
		City	Zip Code			
INTO THE TAX OF A SECOND TO THE						

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 108. 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAKIMOWICZ, NICOLAS	1616 N. FLORIDA MANGO ROAD, STE A	Add
		WEST PALM BEACH, FL 33409	Remove
MGR	MOLINA E. BIANCHI LTD	16001 COLLINS AVE	_ 🚺 Add
		APT 1604	Remove
		SUNNY ISLES BEACH, FL 33160) -
			Add
			Remove
		AL A	Add
		SSE ELON	Remove
		DA	Add
			Remove
			Add
			Remove

D.	If am	ending an	other infor	mation, en	ter change(s	s) here: <i>(A</i>	Attach addi	itional sheets, if	necessary.)
									<u> </u>
			.						
									<u></u>
Dat	ted	Dec	1,	<u>-</u>	, 201	3			<u> </u>
				Signature of	f a member o	eathorized	representa	tive of a member	
									RED AGENT
					Typed or	printed nar	ne of signe	e	

Page 3 of 3

Filing Fee: \$25.00

2010 DEC -4 AM IO: 59