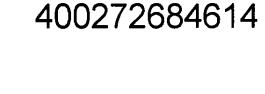
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| (Re                     | questor's Name)  |             |
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| PICK-UP                 | ☐ WAIT           | MAIL        |
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| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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Office Use Only



05/08/15--01013--034 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIBA

11140 -119115

## **COVER LETTER**

| TO: Re             | gistration Şe<br>vision of Cor | ection • • • porations                       | •   |  |
|--------------------|--------------------------------|--|---|--|
| SUBJECT:           |                                | nt Market LLC                                | ı   |  |
| oobject.           |                                | Name of Lim                                  | ited Liability Company  |  |
| The enclosed       | d Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please returi      | n all correspo                 | ndence concerning this matter                | to the following:   |  |
|                    |                                | Juan Pablo Verdiquio                         |   |  |
|                    |                                |  | Name of Person  |  |
|                    |                                | Footwear Int Market LLC                      |   |  |
|                    |                                |  | Firm/Company  |  |
|                    |                                | 3250 NE 1st Avenue Offic                     | e 315   |  |
|                    |                                |  | Address   |  |
|                    |                                | Miami, FL,33137                              |   |  |
|                    |                                | juanverdiquio@gmail.com                      | City/State and Zip Code   | ······································   |
|                    |                                | E-mail address: (                            | to be used for future annual report notifi                          | ication)   |
| For further in     | nformation co                  | oncerning this matter, please ca             | all:  |  |
| Juan Pablo '       | Verdiquio                      |  | 305   |  |
|                    | Name of                        | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed is a      | a check for th                 | e following amount:                          |   |  |
| <b>■</b> \$25.00 F | 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

## TO ARTICLES OF ORGANIZATION OF

Footwear Int Market LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited I  | iny as it now appears on our records.)<br>Liability Company)  |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number   | were filed on September 17, 2013 and assigned   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, <u>enter the new name of the limited liab</u>  | vility company here:  |
|   |   |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | 3250 NE 1st Avenue Office 315   |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, FL, 33137  |
|   |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:  |   |
|   | , Florida   |
|   | City Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, it ihis decunient is |

If Changing Registered Agent, Signature of New Registered Agent

| 71. | removed | from | our | recorde. |  |
|-----|---------|------|-----|----------|--|
| и   | removeu | пош  | our | records: |  |

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address      | Type of Action                           |
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Page 3 of 3

Filing Fee: \$25.00