L13000147331

12/11/13

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : BARBOSA LEGAL
Account Number : 120110000049
Phone : (305)501-4680
Fax Number : (305)359-9543

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SHOES DSIRE, LLC.

Certificate of Status	0
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Estimated Charge	$25.00

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H13000292123

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SHOES DSIRE, 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:

Bruna Barbosa, Esq.
Name of Person

Barbosa Legal
Firm/Company

407 Lincoln Road PH-NE
Address

Miami Beach, FL 33139
City/State and Zip Code

bbarbosa@barbosalegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruna Barbosa, Esq. at (305) 501-4680
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Shoes Osire, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/18/2013 and assigned Florida document number L13000147331

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

100 SE 3rd Avenue, Suite 2508
Fort Lauderdale, FL 33394

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

100 SE 3rd Avenue, Suite 2508
Fort Lauderdale, FL 33394

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: N/A

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 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

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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	Address	Type of Action
	N/A		☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated December 12 2013

Signature of a member or authorized representative of a member

Bruna Barbosa, Esq.

Typed or printed name of signee

Filing Fee: $25.00

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