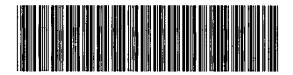
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DIVISION OF CORPORATIONS

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APR - 9 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A. WATCHES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
MARCELLA MANCA Name of Person
Firm/Company
LO7 LINCOLN RD, 106 -
MIAMI BEACH, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 905-1408 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & 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

A. WATCHES, LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on outed Liability Company)	<u>ur records.</u>)		
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L14000048479</u> .	any were filed on 03 2L	12014	_ and assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designa	ation "L.I.C" or the abbr	eviation "L.L.	.C."
Enter new principal offices address, if applicable:				0
(Principal office address MUST BE A STREET ADDRESS)	2		14	SEV
			APR	2
			-7	무근무
Enter new mailing address, if applicable:			-	35 SEC.
(Mailing address MAY BE A POST OFFICE BOX)				SIA
			2(3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	l office address on our <u>here</u> :	records, enter the	e name of	the new
New Registered Office Address:	Enter Florida stre	eet address	<u> </u>	
		, 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FOFFI, ANDREA	16 ISLAND DUE NUE 4F, MIAHI BEACH,	
		FL 33139	
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(The effective dat	e must be specific, car ument is filed by the	nnot be prior to da Florida Department Signature of a	ate of receipt or filed int of State)	d date and cannot be mo	re than 90 days after

Page 3 of 3

Filing Fee: \$25.00