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TO: Registration Section Division of Corporations

Teovita 1 Investment, LLC

SUBJECT:

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:

 Ivania Oberti

 Name of Person

 The Law Offices off Ivania Oberti, PA

 Firm/Company

 701 Brickell Avenue, Suite 1550

 Address

 Miami, FL 33131

 City/State and Zip Code

 team@iobertilegal.com

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

 For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

Solution States States

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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 8101 Tallahassee, FL 32303

AIRTICLES OF AMENDMENT TO AR TICLES OF ORGANIZATION OF

Teovita 1 Investment, 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	10/30/2014	and assigned
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Florida document number L14000169334

This amendment is submitted to amend the following:

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

Clav Clothes Design, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

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

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

900 Brickell Key Blvd. # 2805

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## B. If amending the registered agent and/our registered office address on our records, <u>enter the name of the new registered</u>. agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addres	3
	, FI	orida
	City	Zip Code

New Registered Agent's Signature, if changin g 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 abcument 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

# MGR = Manager

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AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, entter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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	Inda I
	Signature of a member or authorized representative of a member
	Signature of a michanel of automized representative of a method
	LUIS SALAZAR

Typed or printed name of signee