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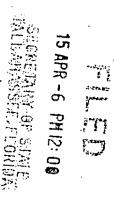
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COVER LETTER

	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	∜ .
SUBJEC"	Soleil Fa	shions, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Eric Urban		
			Name of Person	
		Soleil Fashions, LLC		
			Firm/Company	
		2009 NW 20th Terra	ace	
			Address	
		Cape Coral, FL. 339	993	
			City/State and Zip Code	
		eric@ericurban.com		
		E-mail address: (to be used for future annual report n	otification)
For furthe	r information co	oncerning this matter, please ca	all:	
Eric Url	ban		239 560-109	99
	Name of	Person	Area Code Dayr	ime Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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

Soleil Fashions, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on January 6, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	· · · · · · · · · · · · · · · · · · ·	The name of the n
Name of New Registered Agent:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
New Registered Office Address:		
	Enter Florida street address	12.
	, Florida	Zip Code
	CIIV	" Zip Coue

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Jean-Philippe Lautaud	2009 NW 20th Terrace	
		Cape Coral, Fl. 33993	■ Remove
		 	Add
			☐ Remove
			□ Add
			Remove
			1524PR
			PR Semove
			Z O Add
			□ Remove

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ifective date, if other than the date o	of filing: (optional) ior to date of receipt or filed date and cannot be more than 90 days after
he date this document is filed by the Florida De	
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the date this document is filed by the Florida De Dated 4/1/2015	
Dated 4/1/2015	epartment of State)

Page 3 of 3

Filing Fee: \$25.00

