6/11/2018

Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone : (305)937-7773

Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TNT APPAREL USA LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNT APPAREL USA LLC				
(Name of the Lim	(A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited I	itted to amend the following: Inter the new name of the limited liability company here: It is hable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." It is address. if applicable: INUST BE A STREET ADDRESS) It is a POST OPFICE BOX) It is a POST OPFICE BOX) It is a post and/or registered office address on our records, enter the name of the new the new registered office address here: It is a post of the new the new registered office address here: ABRAHAM HARRAR 4730 SARAZEN DRIVE Enter Florida street address Enter Florida street address			
Florida document number L15000041505	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company)	<u>tere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.	<u>c."</u>
Enter new principal offices address, if apph	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	(ROX)		<u> </u>	
			<u> </u>	<u>. </u>
		·	25 T	n .
B. If amending the registered agent and registered agent and registered agent and/or the new registered of	l/or registered office address of office address for the state of the	n our records, enter th	ic name o	the nev
Name of New Registered Agent:	ABRAHAM HARRAR			
New Registered Office Address:	4730 SARAZEN DRIVE			
NEW Negligies Office Address.	Enter Fl	orida street address		
	HOLLYWOOD	. Florida <u>3302</u>	1	
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DIBORA HARRAR	4730 SARAZEN DRIVE	
		HOLLYWOOD, PL 33023	■ Remove
			□ Change
AMBR	ABRAHAM HARRAR	4730 SARAZEN DRIVE	
		HOLYWOOD, FL 33021	Remove
			Change
			D99
			Removc
			Change
			□ Add
			□ Remove
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record specifies a dela The 90th day after the JUNE 6 Ited	yed effective date, but not an erecord is filed.	effective time, at 12:01 a.i	π. on th	e earli

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