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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Signature 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: |
| Jenny Padilla Name of Person |
| S) adore U C Firm/Company |
| 3349 S. Kirhmanrd. Apt. 1527 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Denny Padilla at (562) 477 · 03 · 70 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 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



| Sigdore | l I C | -E.F. ORIO. |
|--|---|--|
| (Name of the Limited Lia (A Flo | ability Company as it now appears of orida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liabilit | ry Company were filed on | . 25. 2010 and assigned |
| Florida document number LIGO0004049 | <u>l</u> . | |
| This amendment is submitted to amend the following | z : | |
| A. If amending name, enter the new name of the | limited liability company here | : |
| Las Chic, LLC The new name must be distinguishable and contain the words " | | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| Veter nor malling address if applicables | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | | |
| | - | |
| B. If amending the registered agent and/or re | | ur records, enter the name of the ney |
| registered agent and/or the new registered office a | address here: | |
| Name of New Registered Agent: | | |
| | | |
| 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Mark | anager uthorized Member | | |
|--------------|----------------------------|---------------------------------------|---------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other that effective date is listed, the da | ate must be specific and | d cannot be prior to de | te of filing or more than S | (optional) 00 days after filing.) I | Pursuant to 605.0207 |
| e: If the date inserted in ument's effective date on | this block does not r | neet the applicable | statutory filing require | ements, this date w | ill not be listed as |
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