

L160000087123

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TU CLOSET LLC

Certificate of Status	0
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Page Count	03
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 13 2016

SWANSON

5/12/2016 4:08 PM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TU CLOSET 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 MAY 6, 2016 and assigned  
Florida document number L16000087123

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11

11

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11

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

11

Name of New Registered Agent:

N/A

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.

N/A

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	MARGY LILIANA ROMERO	2120 NW 20TH STREET	<input type="checkbox"/> Add
------	----------------------	---------------------	------------------------------

		MIAMI, FLORIDA 33142	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

if each person being added

☐ Change

MGRM	MAYRA A. MEDINA GOMEZ	2120 NW 20TH STREET	<input checked="" type="checkbox"/> Add
------	-----------------------	---------------------	---

		MIAMI, FLORIDA 33142	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 12TH DAY OF MAY, 2016

Signature of a member or authorized representative of a member

LAURA MILENA GUERRERO NUNEZ, MGRM

Typed or printed name of signee

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TREASURY OF FLORIDA