

L16000100653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

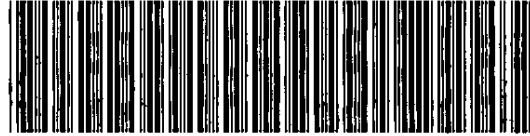
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2016

Y SULKER

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

THE STORE BRANDS, 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 23, 2016 and assigned Florida document number L16000100653.

This amendment is submitted to amend the following:

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

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:

8550 NW 53 STREET

(Principal office address MUST BE A STREET ADDRESS)

BLDG B, SUITE B104

DORAL, FL 33166, US

Enter new mailing address, if applicable:

8550 NW 53 STREET

(Mailing address MAY BE A POST OFFICE BOX)

BLDG B, SUITE B104

DORAL, FL 33166, US

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:

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEFANO O PAOLILLO	11390 NW 61 STREET	<input type="checkbox"/> Add
		DORAL , FL 33178, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SAMANTHA C PARRA	11390 NW 61 STREET	<input type="checkbox"/> Add
		DORAL, FL 33178, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GDB FASHION TRADING CORP	8550 NW 53 STREET	<input checked="" type="checkbox"/> Add
		BLG B SUITE B104	<input type="checkbox"/> Remove
		DORAL, FL 33166, US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.


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E. Effective date, if other than the date of filing: 05/27/2016 (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 MAY 27, 2016



Signature of a member or authorized representative of a member

STEFANO O PAOLILLO, MGR

Typed or printed name of signer