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Office Use Only



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JUL 14 2016 S. YOUNG SFORETARY OF STATE

COVER LETTER

Division of Cor	porations			
Lappis Bea SUBJECT:	ichwear, LLC.			
-	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Alicia Serrano			
	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Name of Person	 	
	Lappis Beachwear, LLC.	. 4		
	1	Firm/Company		
	13449 sw 151 terrace			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Miami, Fl. 33186			
ent all entire lands of	, info@lappisbeachwear.com	City/State and Zip Code		ALLENASSEI FILE
	E-mail address: (to	be used for future annual report notific	cation)	
For further information c	oncerning this matter, please cal	11:		2 ESC
Alicia Serrano		305 607-0967		FELFLINIE 3 PH 1: 48
Name o	f Person	Area Code Daytime	Telephone Number	8 25
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing For Certificate of Some Certified Copy (additional copy is	Status &

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Lappis Beachwear, 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 and assigned L16000113454 Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Gina Loredo	13449 sw 151 terrace, Miami, Fl. 3 3186	
			Remove
			Change
AMBR	Alicia Serrano	13449 sw 151 terrace, Miami, Fl. 33186	Add
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Filing Fee: \$25.00