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COVER LETTER

TO:	Registration Se Division of Cor				
SHRI	_	USA 1, L.L.C.			
Name of Limited Liability Company					
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		CARMELA BENTABET			
			Name of Person		
		IT STYLE USA, L.L.C.			
			Firm/Company		
		1000 5TH STREET, SUIT	E 203		
			Address		
		MIAMI BEACH, FL 3313	9		
		Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filting. In all correspondence concerning this matter to the following: CARMELA BENTABET Name of Person IT STYLE USA, L.L.C. Firm/Company 1000 5TH STREET, SUITE 203 Address MIAMI BEACH, FL 33139 City/State and Zip Code CARMEUX— CHOTMAL FR E-mail address: (to be used for future annual report notification) information concerning this matter, please call: GALLEGO Name of Person 1000 5TH STREET, SUITE 203 Address MIAMI BEACH, FL 33139 City/State and Zip Code CARMEUX— CHOTMAL FR E-mail address: (to be used for future annual report notification) information concerning this matter, please call: GALLEGO Name of Person 1000 5TH STREET, SUITE 203 Address MIAMI BEACH, FL 33139 City/State and Zip Code CARMEUX— CHOTMAL FR E-mail address: (to be used for future annual report notification) information concerning this matter, please call: GALLEGO Name of Person 1000 5TH STREET, SUITE 203 Address MIAMI BEACH, FL 33139 City/State and Zip Code CARMEUX— Department of the company			
The enclosed Articles of Art Please return all corresponde For further information conc EDGAR A. GALLEGO Name of Pe	CARMELY - E-mail address: (- CHOTMAIL FR to be used for future annual report notif	ication)		
For fu	urther information c				
EDG.	AR A. GALLEGO		305 600-6124		
	TIT STYLE USA 1, L.L.C. Name 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: CARMELA BENTABET Name of Person IT STYLE USA, L.L.C. Firm/Company 1000 5TH STREET, SUITE 203 Address MIAMI BEACH, FL 33139 City/State and Zip Code CARMELY————————————————————————————————————				
Enclo	sed is a check for t	he following amount:			
≡ \$3	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

IT STYLE USA 1, L.L.C.		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L16000179895	npany were filed on April 28, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	3ει 17
		1 (22)
Enter new mailing address, if applicable:		114일 - 기료()
••		99 0
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		(2)
B. If amending the registered agent and/or register registered agent and/or the new registered office address.	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
OP MGR	Sir Thierry Pauquet de Villejust	1000 5TH STREET SUITE 203	
		MIAMI BEACH, FL 33139	■ Remove
			□ Change
OP MGR	Carmela Bentabet	1000 5TH STREET SUITE 203	🗎 Add
		MIAMI BEACH, FL 33139	☐ Remove
			☐ Change
Treasurer	Sir Thierry Pauquet de Villejust	1000 5TH STREET SUITE 203	
		MIAMI BEACH, FL 33139	■ Remove
			Change
Treasurer	Carmela Bentabet	1000 5TH STREET SUITE 203	≡ Add
		MIAMI BEACH, FL 33139	☐ Remove
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Filing Fee: \$25.00