# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone : (305)937-7773

Fax Number

: (815)301-2897

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAVISHE WEAR EUROPE LLC

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Corporate Filing Menu

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S. WARREN MOV 0 7 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAVISHE WEAR EUROPE LLC		W 2017	APPARTS OR OUT TERRYOLD
(Name of the Lami	(A Florida Limited I	iability Com	Appears on our records.)
ne Articles of Organization for this Limited L orida document number 1.17000124928	iability Company	were filed	on 06/07/2017 and assigned
nis amendment is submitted to amend the following			
If amending name, enter the new name of	f the limited liab	ility comp	any here:
to new name must be distinguishable and contain the	words "Limited Liabi	lity Company	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli			
Principal office address MUST BE A STREI		*	<u> </u>
Inter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE	BOX)		
<del></del> -			
cgistered agent and/or the new registered of New Registered Agent:	JOSOLIN ROL		
	5771 JOHNSO	 ON ST #369	95
New Registered Office Address:	<del></del>	E	mer Florida sweet addrew
	HOLLYW00	O	Florida 33021 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
	per and complete gistered agent as registered office	e performu provided f e address,	in this capacity. I further agree to comply wince of my duties, and I am familiar with a for in Chapter 605, F.S. Or, if this document I hereby confirm that the limited Itability.
	If Chr		stered Agent. Signature of New Registered Agent
	Page	Lof 3	

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
AMBR	JOSOLIN RODRIGUEZ	5771 JOHNSON (宗 #3695	■ Add
		HOLLYWOOD, FL 33021	Remove
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record specifies a delayed The 90th day after the rec	l effective date, but n ord is filed.	ot an effective time, at	: 12:01 a.m. on the ea	rlier (
NOVEMBER 6	2017			
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	Jos Rodriguez	thorized representative of a men		
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IOSOLINI PODPLETIE	7			;
JOSOLIN RODRIGUE		nted name of Signer		